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A Courageous Analysis

With every day that passes, the tragic consequences of this relentless war touch our lives more closely. Already, shiploads of refugee children are reaching our shores, and as the months go by the demands made upon the nurses of Canada for service at home and abroad will be greater than ever.

In wartime it is natural to stress nursing service, even at the expense of nursing education. We forget that the two are inseparable, and that the quality of the service we offer to our country depends on the soundness of our preparation. We shall do well, therefore, to pay close attention to the findings contained in a report compiled under the auspices of the Nursing Education Section of the Canadian Nurses Association by its retiring president, Agnes Macleod. The text of this report appears in this issue of the *Journal* under the caption of "Nursing Education in Canada — 1940". A few weeks after she presented this report at the biennial meeting of the Canadian Nurses Association, Miss Macleod was appointed Matron of a unit of the nursing service of the R.C. A.M.C., and assigned to duty overseas. Prior to this appointment, she served for three years as the Director of the School of Nursing of the University of Alberta, and took a prominent part in educational activities in her own Province and in the Dominion at large.

By virtue of her sound academic preparation and her wide professional experience, Miss Macleod speaks with authority. Furthermore, she has the courage of her convictions and does not hesitate to put her finger on the weak spots in our present system. She tells us that far too many schools of nursing are being conducted by hospitals which cannot offer sufficient clinical experience to their students. There are 218 schools of nursing in Canada, and in 14 of them there is no full-time instructor; out of 211 instructors, 44 have had no specific training as teachers. Some of the blame for this state of affairs is placed squarely upon the shoulders of superintendents of nurses who, in some instances, have not fully qualified themselves for the positions they hold, and are therefore out of touch with modern methods in education. Miss Macleod contends that superintendents of nurses should be "as well or better qualified than the instructors who are members of her staff," and manifestly she is right. But the root of the trouble goes deeper than this, and in an early issue will be further explored. In the meantime, comment is invited on this able and courageous analysis of the present state of nursing education in Canada.

Many a superintendent of nurses shares the sense of frusration experienced by an instructor who, under prevailing conditions, cannot carry on her duties effectively. But she is not always responsible for these conditions. Too often, she is herself the victim of them.

E. J.

Nursing Education in Canada — 1940

Agnes J. Macleod, M. A.

In the Spring of 1940, the chairman of the Nursing Education Section of the Canadian Nurses Association sent out a questionnaire to the Registrars of the Provincial Associations of Registered Nurses. Its purpose was to find out the number of schools being conducted by hospitals, and the number of students in training at the beginning of 1940, as well as the number, and preparation of superintendents of nurses, assistant superintendents, instructors and clinical supervisors engaged in the various schools. It was also the intention of the questionnaire to determine the number of religious Sisters, as compared to lay nurses, in the various positions.

As the questionnaire was prepared hurriedly, some of the questions did not convey the compiler's meaning and some of the replies were confused. The information received concerning assistant superintendents was not clear enough, and the term "clinical supervisor" was interpreted in different provinces to mean teaching supervisors, department supervisors, and head nurses. It is therefore only in relation to superintendents of nurses and instructors that we can make any specific statements. However, the information, though limited, does show us some very interesting facts, but before presenting them, we shall quote some excerpts from the Proposed Curriculum for Schools of Nursing in Canada. These excerpts will serve to remind us of the situation which existed in 1930, and to review some of the principles which we have accepted as our guiding stars. They will also help us to see what we have attained, and how far short we have fallen in many respects. In each case the page is given for future reference.

1. In 1930, there were 218 schools of nursing in Canada, connected with hospitals graded according to bed capacity as follows:

300 beds and over	32
Between 100 and 300 beds	62
Less than 100 beds	124
Total ....(p. 16)	218

2. It is questionable if a general hospital with a daily average of less than 100 patients can provide the necessary varieties of experience in the care of the different types of illness, or the variety of community experience, which is just as necessary for the preparation of the modern nurse. (p. 16)

3. It is believed that in a general hospital of from 200 to 400 beds, the necessary opportunities for education and supervision of students are more likely to be secured than in smaller or larger hospitals. Specialized hospitals should be properly equipped and utilized for affiliation purposes, and for post-graduate education. (p. 17)

4. A School of Nursing should provide for all its students competently directed bedside instruction and supervision in the following major hospital services: medicine, surgery, communicable diseases, pediatrics, obstetrics, and psychiatry. (p.18)

5. It is expected that instructors in schools of nursing should meet the educational standards required of teachers in other professional fields. Teachers in schools of nursing should have a sound general education of University standing. The teacher of the science subjects needs a particularly strong science background in order that she may be able to select, organize and adapt science subject matter to the needs of the school of nursing curriculum. (p. 29)

6. Teaching is largely a matter of student-teacher relationship, and a curriculum remains a static thing unless vitalized through the personality of an inspired teacher. Besides a forceful personality and special aptitudes, she must have a thorough understanding and mastery of the subjects which she teaches. Besides these essentials, the head of a teaching department should possess capacity for leadership as well as administrative ability.

7. The teacher of nursing should be carefully selected and prepared. It is important that she possesses skill in the art of nursing. She must also have a thorough understanding of the scientific principles underlying the art or practice of nursing. (p. 30)

According to the information obtained through the questionnaire, the total number of Schools of Nursing in Canada in 1940 is 172. Of these 157 are conducted by general hospitals, and may be classified in relation to bed capacity as follows:

Over 800 beds:	2
From 800 to 200 beds:	43
From 200 to 100 beds:	48
Less than 100 beds:	64

The fifteen special hospitals which maintain schools of nursing are classified according to the nature of the service:

Children:	4
Mental:	5
Tuberculosis:	1
Military:	1
Communicable Diseases:	2
Obstetrics and Gynaecology:	1
Orthopaedics:	1

The total number of students now in training is 10,025, geographically distributed as follows:

British Columbia:	7 schools;	528 students.
Alberta:	11 schools;	817 students.
Saskatchewan:	10 schools;	678 students.
Manitoba:	16 schools;	819 students.
Ontario:	59 schools;	4075 students.
Quebec:	37 schools;	2092 students.
Nova Scotia:	15 schools;	632 students.
New Brunswick:	14 schools;	492 studen
Prince Edward Island:	3 schools;	76 students.

Out of the grand total of 10,025 students, 1878 are enrolled in schools conducted by general hospitals with a bed capacity of less than 100. Forty-five students are enrolled in schools conducted by special hospitals with a bed capacity of less than 100.

The replies to the questionnaire indicate that the academic qualifications of 175 superintendents of nurses are as follows: 34 have degrees from a recognized University; 48 have diplomas in teaching or administration in schools of nursing; 5 have certificates as school teachers; 2 have taken courses at summer sessions; 86 have had no postgraduate or university course, either in teaching or administration.

The academic qualifications of 211 instructors are as follows: 25 have university degrees; 118 have a diploma in teaching in schools of nursing; 16 have certificates as school teachers; 8 have taken brief courses at university summer sessions; 44 have had no postgraduate or university courses in teaching.

What can we say about these facts? Surely they speak for themselves, at least to those who have ears that hear and eyes that see. And there are many more interesting things which can be gleaned from the findings:

1. In 14 schools of nursing there is no full-time instructor.

2. Since 1930, the number of schools has been reduced from 218 to 172. Nevertheless, we find that approximately one-fifth of all the student nurses in Canada are being trained in schools of nursing conducted by 64 hospitals having a bed capacity of less than 100. We must also remember that the 14 schools which employ no full-time instructors probably belong in this group.

3. There are 15 special hospitals, responsible for the training of 493 students. Many of these hospitals probably have arranged for adequate affiliation privileges for their students. But by maintaining schools of nursing they are limiting the opportunities for affiliation which they ought to provide for students from general hospitals.

4. The vast majority of our students are not receiving training or experience in the nursing of patients suffering from mental disease. The writer is forced to believe that this is largely due to the superintendents' own lack of initiative. It is much easier to keep students in the home hospital than to arrange affiliation experience for them.

Need we comment further on the lack of prepared personnel in the two key positions on the school of nursing staff? How can superintendents of nurses who hold the dual position of director of nursing service and principal of the school of nursing possibly handle their work adequately, depending only upon experience? No other school system would tolerate such a state of affairs. The sooner schools of nursing are linked up with other professional schools under recognized educational authority the better it will be for nursing. There is nothing more discouraging for the properly prepared teacher than to find herself on the staff of a school of nursing working with and under women who do not have sound educational preparation themselves, or possess a proper appreciation of nursing education standards. The superintendent of nurses should be as well if not better qualified for her position as director of the school than the instructors whom she employs on her staff. The superintendent of nurses without preparation has no right to the position she holds and should recognize this fact herself. In the meantime, our schools of nursing are not progessing and we have over 10,000 students the majority of whom are not being prepared as well as they should be in this year of 1940.

It is imperative that nurse administrators and instructors get together for discussion and exchange of ideas. The best way to do this is to take a postgraduate course. Furthermore, one year of post-graduate work is not going to last a life time. Just talk to some of the nurses after they come home from a year of university work. They are bristling with enthusiasm—but what do the rest of us do to them? We keep them out of jobs, suppress their enthusiasm, and after three or four years they are reconciled to the rut with the rest of us. Every nurse in the field of nursing education should, about every three or four years, take a new position or a post-graduate course. Otherwise, she loses her enthusiasm and there is nothing more deadly for students than teachers without enthusiasm! It should be an accepted principle that staff nurses should take post-graduate work at least every five years. What do the superintendents who have no such work to their credit, or who have not taken any for many years, have to say to this?

Too many nurses are sitting too comfortably and are not honest enough to admit that it is time they moved on. Superintendents should educate their boards to demand post-graduate preparation. Hospitals should review contracts at definite intervals—I am inclined to think, yearly. This would give employer and employee a better understanding of the importance of contracts and allow changes to be made in a more business-like way. At present, once a nurse is employed, nothing short of a scandal makes the hospital replace her. The better people get discouraged and leave, while the stand-patters stay on and on while nursing education moves apace.

Now, if ever, we need well-trained nurses; nurses who understand the nature of the treatments they are called upon to give; nurses who can work shoulder to shoulder with the medical profession; nurses who live up to high professional standards. We have over ten thousand students in our schools today, but the scientific principles upon which modern nursing is based are being very inadequately handled. We cannot help but admit that our students deserve better science courses, especially in anatomy, physiology, bacteriology, chemistry and nutrition. Individuals apparently can do no more than they are now doing under present conditions. Therefore, why not amalgamate their science programs? Put the director of your university school in charge; ask her to look into the possibilities at your university; ask her to draw up a plan, and, even more important, give her some funds with which to work.

By way of a tentative plan for centralized science instruction the following suggestions are offered:

1. Work on a provincial basis. We have provincial schools of medicine, pharmacy, dentistry, household economics and education. Why not nursing?

2. Make a start in one selected city. If it seems more feasible, choose the city in which your university is located.

3. Work through the Provincial Association of Registered Nurses and the Provincial Hospital Association.

4. Show the university you are willing to help with the financial responsibility.

The centralized science instruction course might be offered twice yearly by the University. The terms might extend from September to December and from January to April respectively. Each term would last about twelve weeks, and half the number of first-year students would thus be in attendance at the University at any given time. These students should pay a limited tuition fee and provide for their own maintenance, just as all other students going on to other schools after high school graduation are required to do.

The course should be conducted under the general supervision of the director of the University School of Nursing, and should be carried on by a staff of three or four properly qualified nurse science instructors. The content of the course should include: anatomy, physiology, bacteriology, chemistry, elementary materia medica, psychology, and introductory nursing. All students should pass this block of instruction before being allowed to enter their respective Hospital Schools of Nursing.

Under this plan, Hospital Schools of Nursing will still need an instructor of nursing practice and clinical supervisors, as well as physician lecturers, to carry on the rest of the curriculum. But the Schools would receive students who already have a basic scientific preparation for the study of nursing. The weak students would be eliminated before they learned anything of nursing practice, thus preventing wasted effort for the home school. All the graduating students would have had equal scientific preparation, and would not be handicapped as are the graduates of some of our schools today.

It would be necessary to make sound financial provision for the service given by the University. Each Hospital School of Nursing should pay, on a per capita basis, for its students who are taking the course. In this connection, the hospital should make a careful study of the expense thus incurred, as compared to the cost of the graduate nursing service which the hospital would be obliged to provide if it did not maintain a school of nursing. The students should pay tuition fees, possibly about fifty dollars for the term. The Provincial Association of Registered Nurses should be prepared to contribute toward the establishment of the course, or possibly offer loans to students who cannot afford the initial outlay. Eventually, the University would probably consider handling the whole undertaking; but no University could, without considerable financial assistance, establish such a program immediately.

The following table shows the approximate number of preliminary students in each Province for whom centralized science instruction might be arranged:

Alberta	275
British Columbia	200
Manitoba	275
New Brunswick	195
Nova Scotia	225
Ontario	1500
Quebec	700
Prince Edward Island	30
Saskatchewan	225

It would seem as though British Columbia, Manitoba, New Brunswick, Nova Scotia, and Saskatchewan could each manage with one centralized University school. Prince Edward Island might make arrangements with New Brunswick. Ontario and Quebec would naturally require several University Schools in order to accommodate the larger number of students.

At present, the outlook is uncertain and the question before University Schools of Nursing is: how long shall we continue as such? University facilities will certainly not be used by other students to the same extent if the war continues. Could not the members of the nursing profession, upon whom so many demands will be made, use these facilities to the full in the meantime? This whole plan may be too visionary —but its possibilities are at least worth consideration.

All in the Day's Work

Hilda St. Germain

I left Winnipeg on September 29, 1930, to start my new work at a Red Cross Outpost Station. It is true I had had a varied career and had served in the army from August, 1914, until March, 1919, but still this was quite a new venture. I wondered if I would be a success or not, but made up my mind that it would not be because I had not tried. My first surprise was when I saw the train in which I was to travel. It was about half the size of a street car, very much lower, and was driven by a gas engine. The scenery was beautiful—tall stately pine trees and cedars, their dark green showing off the lovely autumn dress of the birch and poplar.

The first welcome came at Reynolds, Mile 56, the beginning of my district, which I understood was to extend to Shoal Lake, Mile 97. At Reynolds, a lady got on the car and coming up to me asked: "Are you the new nurse?" When I replied that I was, she pointed to her house, which was on the other side of the river. "I live there", she said, "and I want you to feel that you will always be welcome whenever you come to Reynolds, even if it is in the middle of the night". I had hardly time to thank her for her kindly thought before we were on our journey again.

I was delighted with the Red Cross Station, a little log house perched high on the banks of the Birch River A small rustic bridge spanned the river, and graceful birch trees trailed their golden leaves right down to the water's edge, while under the bridge the river flowed over boulders of red granite, thus forming rapids. On the other side of the cottage there was a small thickly wooded glen, spanned by a corduroy bridge. The cottage had a tiny kitchen, a nice bright living-room with three windows and an open fireplace, a bedroom and a dispensary which was equipped with everything I was likely to need, including a well stocked drug cupboard and a bed where patients might stay over night. I was alone for one day, and was oppressed by a feeling of great responsibility, but it gave me time to look through the records and make myself acquainted with the cottage. The next day Grace came, bringing the six-weeks-old puppy, "Sandy", with her, and who could be lonely with such a competent maid as Grace!

On the Saturday after my arrival I took my first trip. It was to Shoal Lake, Mile 97, and I travelled for the first time on the open speeder. What a long journey it seemed and it poured with rain. When I arrived at my destination it was dark. My patient, a little girl, was very sick, temperature 105 degrees. She was vomiting and as I expected had been eating choke-cherries and cream. A rectal wash, tepid sponge, ice to her head, and a Dover's Powder and by 1 a.m. the child was sleeping. The next morning she was feeling quite bright again, and though it was still pouring with rain I thought I ought to go home. I felt sorry for the man who was driving the speeder. The rain ran off the brim of his hat like water running off the eavestrough, as it did off mine, only I had not to see in order to drive.

I arrived home to find a cheery wood fire burning on the open hearth, and Grace waiting with a good meal for me. I changed my sodden clothing and had a quiet afternoon. The rain had changed from a fine drizzle to a deluge when about 8 o'clock a man came to the door. He could not speak much English, and had a friend with him with a car. He wanted me to go with him as his wife was about to have a baby. So we started on the Dawson Road.

The car slipped and slid on the road, and after we had driven a long way the trees were so thick that there was only just room for the car to pass. Then we had a blow-out, and that had to be mended by jacking up the car with a fallen tree which the two men had to drag some distance in the pouring rain. By this time the night was pitch-dark. We crossed a meadow, the mud clinging to our boots, and came to the banks of the river. The river, black as night, lay fully five feet below, and I was told we had to cross it. So I sat on my heels and slid, my bag in my hand. The man found a square box-like boat, half-full of water, and a piece of wood for an oar. I baled while he rowed. Halfway over he said, "Water deep, me no swim". I thought with all the mud clinging to my boots and the weight of my heavy coat that my own chances would be poor if the old boat went down. However, we arrived safely, scrambled up the slippery banks and across another field to the two-roomed cottage.

The Red Cross Nursing Station

The patient lay in bed, groaning, and an old woman sat on the foot of the bed chuckling and laughing, but not attempting to do a thing. The baby had been born an hour, and still lay under its mother's knees, covered with flies. The cord had not even been tied, and the afterbirth had not been expelled. I separated the baby, gave the mother pituitrin, and an hour later got the afterbirth completely delivered. The five-pound baby was weighed, bathed, and her eyes attended to. The mother was bathed, a binder put on, and the bed made and by this time it was three o'clock in the morning. There were some sacks in the corner, and the old woman made up a bed for me on these, where I certainly did not sleep. At 6 a.m. I had a cup of coffee (full of flies) and some rye bread. The man then got out his team to drive me to Reynolds, where I was to catch the gas car home. Mother and babe were doing well, so leaving them we started for Reynolds.

The rain had ceased. It was a beautiful morning, birds singing, and the world washed clean. The trees were lovely in their autumn dress. The man, wishing to be kind to me, had filled a sack with hay for me to sit on. The roads were dreadful and had I sat on the floor of the wagon I should have been alright, but how I wobbled backward and forwards and from side to side on that sack! The man did not notice because he was so pleased—this was his first child. "The nice baby—how many pounds you say she have? Me, I forty years, my woman she dirty". (I agreed there, although he meant thirty). "That baby, she have name, Stefenaya. Nice name, eh? You tell Municipality Boss I got baby". He never noticed my efforts to keep on that sack.

When at last we arrived at Reynolds I was so tired, no sleep that night, and very little the night before, and the gas car not due until noon. I took a longing look at the big white house and thought of the lady who had given me the kind invitation. Could I call on a stranger at 8 a.m.? While I hesitated, Mrs. T. herself came out to hang her clothes on the line, saw me, and came to me at once with her kindly greeting: "You look so tired, come in, I will get you a cup of tea". How welcome I was made! I lay down on the couch and was soon fast asleep. Mrs. T. woke me at eleven, gave me an excellent meal, while she chatted with me and made me feel at home. Then I went home on the gas car. When I got in Grace and Sandy were waiting for me, and the first thing I needed was a good wash. While I was having it another man came for me with a team, to see his wife. They lived about five miles away so I had to start out again.

The woods were beautiful in their autumn colouring, and the blueberry bushes which covered the ground were bright red. The wagon on which we rode was just a plank laid across the axle, but we jogged along and I was not much shaken. The patient, I found, was living in a tiny log house. The floor was just poles, and the walls were covered with Eaton's boxes. The woman needed an operation, but three years before she had travelled over a corduroy road and the memory of that journey was so bad that she had never even ventured as far as the railway track since. The family had not been physically fit for pioneering, but did not wish to ask for help. There were two nice little boys, aged seven and four. I had brought some old magazines and English pictorials, and if I had brought them a whole Broadway show they could not have been better pleased. I arranged for the

A home-made bridge

woman to go to hospital the next week, and to stay the night before at the Red Cross Station so as to save her the long journey in the early morning. I think the talk with another woman, and the books, had done much to cheer her.

Editor's Note:

This article is the first of a series dealing with the experiences of Mrs. Hilda St. Germain as nurse-in-charge of the Red Cross Outpost at East Braintree, Manitoba. Further information concerning the author will be found under the caption of "Reader's Guide".

The Nurse in Hospital Administration

Pearl L. Morrison

The principles of hospital administration are more or less the same in all hospitals, and yet no two hospitals, even of the same type, can really be administered in exactly the same way. As it happens, I have lived and worked in several different types of hospitals, and in small hospitals as well as in very large ones, both at home and abroad. I find that the same pattern underlies it all, but it must be fitted and trimmed and all the wrinkles must be ironed out if it is to be made to fit where it originally did not.

The Board of Directors formulates the administrative policies of the hospital, and thus supplies the original pattern, but the administrator must "take in" and "let out" and supply the lace collar which so often sets off a plain dress. A nurse, trained in a hospital and with the necessary experience before she comes to administration, ought to be able to iron out the wrinkles better than anyone else. Like all competent administrators, she advises, and is advised, by the Board of Directors as she proceeds.

First of all, grounds and a building are necessary, and these must be maintained in good order. No one can suddenly assume this responsibility, nor manage a hospital successfully without suitable previous experience. The cooperation of competent heads of departments, working with the superintendent, produces an efficient, smoothly-running hospital. Without such assistance, the job is difficult indeed.

A recent study of 1215 hospitals showed that:

1. In 48 hospitals having a capacity of over 300 beds, there was not a nurse superintendent.
2. In 40 percent of the hospitals of from 100 to 300 beds, the superintendent was a nurse.
3. In 71 percent of the hospitals of less than 100 beds, the superintendent was a nurse.

Why are there not more nurse administrators in the larger hospitals? Not long ago, I talked with a nurse who was very much upset because a hospital official remarked that it was our own fault. I agree with him! In the hospital, we nurses learn to care for sick people. Surely we have an insight into the needs of the patient which no other group can possibly acquire. Taking a fair education and ability for granted as a start, why should we be content to hand over the field of hospital administration to others?

First of all, why is it that so few admitting officers are graduate nurses? Unfortunately very few are, but I know intimately an active 325 bed hospital where all patients are admitted by a graduate nurse. The doctor makes room reservations with her and, at the same time, gives the orders for his patient. Because she realizes the "whys and wherefores", mistakes are very rare. When a patient arrives, she finds the way has already been paved for her; the nurse meets her, takes her to her room, and deposits her admission slip and the doctor's orders with the floor-nurse. The patient not only receives an understanding welcome, but the floor-nurse is also given all details at once, thus eliminating confusion and unnecessary delay.

Who can understand better than the nurse, what the nervous frightened patient has to face? Whether she faces an operation, an X-ray examination, or whatever it may be, the admitting nurse *knows*, and can act accordingly. The nurse's uniform and cap go a long way toward giving comfort and a feeling of safety, and the patient feels that she is in the care of someone who knows what she is talking about. Most of us have heard the kind admitting-clerk assure patients that "everything will be alright". Perhaps it sounded a little ridiculous, because it was evident that he really did not understand the situation; this is often evident to the patient, and irritating. Obstetrical cases particularly appreciate having a nurse at the admitting desk.

I consider that the graduate nurse is of the utmost value as an admitting officer, because, having been in touch with the doctor previously, official routine is minimized. She can interview the member of the family who is financially responsible, and can direct him to the business office as *she* takes the patient upstairs. This same nurse, when in her office, answers telephone calls regarding the condition of patients and avoids the routine replies which irritate enquirers, because so often they have no meaning whatever. Twice daily a report is passed from the desk of the superintendent of nurses to hers. This contains accurate information about patients who are seriously ill, as well as operations, births, deaths, transfers, etc., so that she is always aware of the unquiries.

Because this admitting nurse was chosen for her ability to know what to say and how to say it, she gives a service which could not be given by anyone who does not possess her special qualifications. In some hospitals, graduate nurses serve as technicians in the laboratory and in the X-ray department. The position of Record Librarian is another good field for a graduate nurse. Upon one occasion a nurse, who also had an academic degree, found that the medical field interested her, while bedside nursing did not. Having prepared herself by suitable studies, she became a most valuable record librarian because she so clearly understood the recording of medical histories.

My personal secretary had also taken a nurse's training, but solutions were constant irritants to her hands thus making bedside nursing impossible for her. After studying shorthand and typing, she found that her nursing course qualified her to become a competent secretary in a School of Nursing office. She has since taken University work, and a wide field is thus before her. So it might be for other nurses if only they would not make the mistake of thinking that once they graduate they may stop learning. As someone has wisely said, "you must run as fast as you can to stay where you are."

As the years go by, nurses are evidently being shut out more and more from choice positions in the hospital. Furthermore, nurses are accepting this as an unavoidable situation. Why? Apparently because nurses seem to be content to sit back and let anyone who wants to, run away with what they might have if they only would go after it. However, there is no use in going after what you are not prepared to hold. You must forget your own likes and dislikes, and climb first by preparation, then by application. Nurses must prove to the public that they are part of the hospital world and that no position in it is beyond their capacity.

Graduate nurses have definitely lost the field of dietetics and, if they cannot prove that they are worth more than the practical nurse, they will lose out in private duty. The graduate nurse is also losing out in the hospital because she is not willing to prove that she can do better work than those who are not nurses. Talking at meetings will not do it; it is by our deeds that we are known.

Judging by the figures given at the beginning of this article, there appears to be a mistaken idea that nurses are capable of managing small hospitals but not large ones. I disagree, having worked in both. The nurse superintendent in a small hospital, particularly the isolated one, is expected to know everything. She must be able to step into the birth room and the operating room, and show others how to perform any procedure which may be necessary. She must also be able to direct the adjustment of a pressure sterilizer because no one else knows more about it, the service man is many miles away, and the need urgent. A life is just as important in a small hospital as in a large one, quick action is necessary, and she has no one to fall back upon.

As to the buying of surgical supplies, the salesmen only come to the isolated hospitals every six or eight weeks, and, if buying is not carefully done, tragedy results. In a large city, the salesman comes once a week and a telephone message will bring supplies or service at a moment's notice.

The superintendent of a small, or outlying hospital, must be at home in every department whether it be the business office, engineering plant, or the laundry. She usually cannot count upon a competent staff as in the metropolitan hospital, to help her, and if she cannot rise to the occasion she falls in the estimation of the patients, the nurses, the Directors, and the public. I can remember disapproving strongly of an incinerator which I found in a hospital of which I had charge. No architect was available who knew anything about building a hospital incinerator, so the Board of Directors asked me how to do it. I did not know either how to build one—but I proceeded to find out.

Why should the nurse not manage a hospital better than anyone else? She has had three years as a student, and a gradual climb through the different departments with increasing responsibility, including night supervision where there is a great deal to learn which is peculiar to "just night duty". Of course, some post-graduate work needs to be sandwiched in as well as other broadening experience. Cultural opportunities and travel should not be forgotten.

Do not bury your heads in the sands of the nursing profession, but look about you. Read hospital magazines as well as nursing journals; attend hospital conventions as well as nurses' meetings. Be willing to prepare yourselves to administer hospitals and, if you carry with you the professional ethics and dignity of our profession in combination with business ability, nurses will prove to be the real hospital administrators of tomorrow.

On Active Service

Although we fully realize that censorship is right and necessary, it has been hard to refrain from comment in the *Journal* concerning the various military Nursing Units which are proceeding overseas. Until their safe arrival has been officially announced, nothing can be said about their movements even though we know they have set out upon the great adventure. English nursing journals are more fortunate, and can display grand pictures showing Canadian Nursing Sisters being greeted by the Duke of Kent and having afternoon tea with other notable persons. But, while we are proud to know of this hearty welcome, there are so many questions we should like to ask them in these critical days which must be filled to overflowing with difficult and dangerous tasks.

Even from the radio and the newspapers we get an inkling of the magnificent response which nurses in the British Isles are making, especially in the districts where air raids have been most devastating. Those of us who know London well, are wondering which hospital can proudly claim the nurse who, as soon as she was extricated from beneath a pile of bricks, said she would have to "hurry up and get on duty, they will be busy on the wards." There was something magnificent too, in the spirit of the operating room staffs who calmly continued their work even while bombs were falling on another wing of the hospital. After all, discipline does count when it comes to a pinch, especially when it is enlightened by intelligence and resourcefulness.

It is interesting to note how the hammer strokes of war are creating new demands for nursing service in Britain. The Minister of Labour and National Service has ordered that "a trained nurse shall be appointed to every factory working for the Crown", and

Canadian Nursing Sisters formed the guard of honour at the opening ceremony of the Canadian Red Cross Hospital at Taplow, in England. Matron Machray (of Winnipeg) and her assistant stand nearest the camera at the end of each line.
Courtesy of the Canadian Red Cross Society.

thanks to the alertness of the Royal College of Nursing, courses have been established whereby nurses may qualify themselves for industrial work, and if necessary, this instruction can be carried on by correspondence.

Another interesting sign of the times is the series of articles now being published by the *Nursing Times* on "Foreign Phrases for the Nurse". These are given in French, German, and Polish, and are spelt phonetically. We can think of many Canadian hospitals where these phrases could be learned to advantage. Only those who have been ill in a foreign land know how comforting it is to hear even a mis-pronounced word in one's own language.

There can be no doubt that the arrival of Canadian Nursing Sisters in England is a source of great pleasure to British nurses. They, with the Sisters from the other Dominions, stand ready to serve our Commonwealth.

Ready to Swing into Action

Under the caption of *Notes from the National Office* in this issue of the *Journal*, will be found the full text of a letter addressed to Miss Grace M. Fairley, President of the Canadian Nurses Association, by Miss Julia C. Stimson, President of the American Nurses Association. This letter announces the formation in the United States of a Nursing Council on National Defence, composed of representatives from the American Nurses Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, and the American Red Cross Nursing Service. The following groups will be asked to appoint their directors or superintendents to serve on the Council: Army Nurse Corps; Navy Nurse Corps; United States Public Health Service — Nursing Service; Veterans Administration—Nursing Service; the Federal Children's Bureau. The functions of the Council are:

1. To determine the role of nurses and nursing in the program of national defence.
2. To unify all nursing activities which are directly or indirectly related to national defence.
3. To study nursing resources; to plan the most effective use of these nursing resources; to provide for necessary increases; and to set up the machinery which will insure the quickest possible functioning in case of need.
4. To insure the continuance of the high quality of nursing schools and services in order that effective nursing may be maintained in a national emergency.
5. To act as a clearing house regarding nursing and national defence, and to cooperate with other agencies having related activities and functions.

The circumstances which have brought about the formation of this Council are described in a Bulletin recently issued by the American Nurses Association. The Association is of the opinion that the profession must be prepared to meet the statements of careless thinkers and the arguments of poorly informed groups who, in times of stress, talk of short courses and substitutes instead of concentrating on the real need which is for well-prepared professional registered nurses.

The Nursing Council on National Defence can initiate programs if swift action becomes essential, and suggests that local situations be studied so that nursing may swing into effective action along with the medical and other related professions. It is indeed heartening to know that our American sisters, with their customary initiative and resourcefulness, are preparing to meet the demands which may soon be made upon them. The closing lines of Miss Stimson's letter to Miss Fairley convey a pledge of loyal friendship which Canadian nurses heartily reciprocate: *May we assure you of our desire to co-operate with you in every possible way as our Governments make plans for defending our common interests.*

With the Civil Nursing Reserve

I had a very quiet winter working in my office in London but when casualties began pouring back from France into England, I began to feel that I'd like to do some hospital work. I volunteered to go to Norway first but, of course, that campaign was too quickly over. Finally I joined the Civil Nursing Reserve and on July 1, came to the military hospital where I am now working. The Civil Nursing Reserve is divided into Sectors and is all a part of the Emergency Hospital Service directed by the Ministry of Health. This hospital is an enormous place, equipped for 3000 patients. It was a large mental hospital in peace time but like lots of other institutions was commandeered by the Government and is being administered by civilians. The nursing is done by parts of the staffs of four London training schools. Also, there are a large number of nurses who, like myself, were not attached to any particular hospital and who were not in the Q.A. I.M.N.S. or other military nursing units for various reasons. There are about 800 nurses in all, most of them very nice indeed.

The grounds cover about four square miles and the hospital is all in separate wings and buildings — quite low, and usually connected by covered runways. There are 18 operating theatres, all very modern with excellent equipment. The nurses' dining room used to be the concert hall and is an enormous room which can seat 300 at a time quite easily. It takes ages to get around, and for days I only knew my way from my room to the dining room and to my ward. The whole organization seems to be excellent and it is very interesting to me to see things done on such a vast scale. Buses come all through the grounds and stop at the front door. Everybody has a bicycle and, although it is strictly against the rules, they sometimes cycle along the corridors too! There are no lifts, but the highest buildings are only three floors and many only have one. By the way, I believe there were Canadian soldiers here in the last war. We get good food, but they keep back part of our sugar and butter for cooking and give us the rest. It is quaint to see everybody coming into the dining hall carrying two little pots (those covered bakelite ones from Woolworth's) all in different colours too!

I am working in the best place of all — the Plastic Surgery Department, under Sir Harold Gillies. He is an international figure and I am really delighted to be here. The first day I came, I felt quite sick to see all the mutilated faces, but when one sees what work they do — taking bits of bone from here, muscles from there and skin from somewhere else, it is really quite thrilling. The worst cases are the airmen's burns. Many of them are already badly infected before they get here. They are given hydrotherapy in some cases, and otherwise their dressings are kept moist with M & B 137, dissolved in Dakin's or saline. The skin grafting is dressed with vaseline gauze — a special open mesh gauze almost like curtain net, then dressings, bandages and plaster for ten days. Of course it isn't always possible to use plaster but they do when they can. The cases do extraordinarily well.

Of course we have sentries on duty all around, and a funny thing happened to-night. There is a very large kitchen garden quite near this building, and the girls produce the most wonderful fresh salads every night! (I've never asked any embarrassing questions). To-night I heard them laughing in the hall, and found them being brought in by two Tommies. They'd been collecting the salad with a torch; the sentry had seen the odd flashings and came over and challenged them and asked for their identification cards and so on, all very strict and formal. Of course they had no cards, so the soldiers marched them in for me to identify, with their arms full of tomatoes, apples, raw carrots and so on.

I shall probably stay on all winter as it is so interesting and I am so happy here. The schools and Universities here are carrying on as well as can be expected and better, in the majority of cases, but of course it is not like peace time, so I think that as this war is likely to go on for quite a few years, I'll "do a bit for England" by staying here for a few months.

Editor's Note: These excerpts are quoted (by permission) from a letter written to a member of the nursing staff of the Royal Victoria Hospital, Montreal, by a graduate of the School of Nursing.

THE COD LIVER OIL SITUATION

It is likely that we will experience a shortage of Medicinal Cod Liver Oil unless existing supplies are carefully husbanded. Norway naturally has been eliminated as a source of cod liver oil. To add to our difficulties Iceland, which produces much of the finest oil, had an exceptionally poor season and their yield of oil is only a fraction of the normal.

By drawing on their reserves and enlisting the co-operation of Newfoundland fishermen, E. R. Squibb & Sons of Canada will be able to supply Medicinal Cod Liver Oil in reasonable quantities of their usual high potency. Squibb Cod Liver Oil is so rich that one 5 cc teaspoonful supplies 9000 international units of vitamin A and 1300 international units of vitamin D (far more than the accepted daily requirement for infants and growing children.) Physicians are urgently requested, when prescribing Squibb Cod Liver Oil, to order only 1 teaspoonful daily. Where additional vitamin D is required, rather than ordering multiple doses of the plain oil, it will be appreciated if Squibb Cod Liver Oil 10D is specified.

Mental Hygiene in the Public Health Program

Lyle Creelman

During the past decades the science of public health has rapidly advanced—it has passed through a lusty childhood. Our immunization campaigns against smallpox and diphtheria have practically eliminated, in many cities, those two dread diseases. The protection of food and water supply has greatly decreased the incidence of typhoid fever. The tuberculosis rate has been reduced, and if it were possible to apply the known scientific facts that disease, as well as syphilis, could be entirely eradicated.

Up to the present time we have mainly directed our efforts in public health to the control of certain specific diseases, and the extent of the control of these has largely been effected through regulation. However, while these diseases are decreasing, the degenerative diseases and various kinds of mental diseases have continued to be a serious problem.

They are conditions that are not due to definite single causes as are the infectious diseases. They are due to general living habits rather than to bacteria. Regulations are effective in controlling bacteria, but we cannot by regulations make people eat a suitable diet, get suitable rest, and avoid worry. To make headway against the forms of illness mentioned, reliance must be placed on education rather than on regulations and we must teach the ways of health and not be content to teach only about disease.

Mental disease constitutes one of the chief, if not the chief, hazards to the public health at the present time. Let us examine a few statistics. In Canada in 1937, there were 57 mental hospitals and through their doors there passed 54,855 patients. On December 31, 1937, the number of persons in mental institutions in Canada was 373 per 100,000 population. In 1937 in Canada there were 46,697 University students — some 8,000 less than the number of persons in mental hospitals for that year. In the same year Canada spent on all forms of education $28,277,534. She spent on the upkeep of her mental institutions $14,017,403, or approximately one-half of the amount spent on education. With the average cost per day per patient as ninety cents, Canada spends nearly $33,000 daily on mental institutions. (1)

It has been estimated that approximately one in every twenty persons born in a community will, at some time during his life, enter a mental hospital because of severe illness. A survey conducted in the Eastern Health District in Baltimore revealed that four and one-half percent of the population exhibited "recognizable evidence of mental deviation". (2) Although the incidence of mental disease in this particular district might not be typical, it does give some definite information on the subject. If we were to apply the results of this survey to Canada it would mean that, in addition to the nearly 55,000 who received institutional care in 1937, there were, in the general population, some 444,000 persons with recognizable personality defects.

In the average class of about forty children there are at least ten children whose mental health is so poor as to interfere seriously with their chance of success, not only in school work but in life work. Of these ten children there are probably two who will at some time later in life become so mentally ill that they will have to enter

a mental hospital. It is a somewhat uncomfortable fact that there are about as many children in the average class in school who will later enter a mental hospital as there are children who will later enter a university. It is clear that we can no more escape our responsibility to the former than to the latter. (3)

Are not these facts and statements a challenge to all public health workers? What can be done about it? Can the incidence of mental disease be reduced as we have reduced the incidence of diphtheria and smallpox? Can we lessen the terrific economic cost, not to mention the cost in terms of human suffering and unhappiness? Without increasing our existing staff or facilities we can do much if we go about it in the right way.

There are two main types of mental disease — the organic and the functional. The former comprises about one-third of all patients in mental hospitals and the latter about two-thirds. It is in the prevention of functional mental illness that mental hygiene plays the important role. We find functional mental illness in adults who have developed, to an extreme degree, unhealthy habits of adjusting to difficulty. It is normal and inevitable that certain obstacles will block some of our desires, but the important thing is the method we use in dealing with such difficulties when they occur. The pattern for these unhealthy habits of adjusting to difficulties is set in childhood when there is a failure to face reality evidenced by any of a number of symptoms, such as day-dreaming, running away, stealing. Mental hygiene might be best defined as "the art of trying to keep well emotionally and mentally". (4) If we are to promote effective education in mental hygiene in terms of this definition we must, as indicated previously, promote the ideal of positive health. This will involve a conception of health as something more than physical fitness or the mere absence of disease. It means a state of mental, physical, and spiritual fitness and an harmonious adjustment of the individual to the social environment. Both physical and mental factors are important in determining the individual's adjustment, and they are so closely related that in many cases they are inseparable.

It would seem logical that the public health worker, who has already assumed as a major task the promotion of physical health, would be the natural person to incorporate mental hygiene into the existing programme. The public health nurse is the one health worker who is in the best position to take the next step forward in the campaign. Her opportunity lies in the fact that she has a natural basis for contact with a large number of people at times when they are likely to be more receptive to teaching and to accept the nurse as an authority. Through her the information about human behaviour which is now available may be used to the fullest extent. In her individual and group contacts with parents, teachers and children she can make this approach to the problem of mental disease as effective as has been the approach to any problem of physical illness.

In many large health departments there is a Division of Mental Hygiene staffed by a psychiatrist, psychologists, and social workers. In the schools, "cases" are referred by the principals. The social workers go into the homes to take the histories, the psychologist gives tests, and the psychiatrist interviews and makes recommendations. The social workers then follow up these "cases" and supervise the homes trying, with the parents, to substitute for the old habit patterns new patterns which will bring about the desired adjustments.

In Vancouver we have on the staff of our health department a mental hygienist, but no social workers for investigation and follow-up. We want the nurses to do this work themselves. We are looking forward to the time when our present staff may be increased with public health nurses who have had extra child guidance clinic experience, as undoubtedly our present case load prevents adequate supervision of all the cases referred to the mental hygienist. However, in the meantime, our public health nurses and the teachers in our schools are gaining a very effective and very practical education in the methods of mental hygiene. Our goal has not been the establishment of a clinic for the treatment of a few cases, but to build up a programme that will enable us to teach the principles of mental hygiene to a fairly large number of individuals who are in key positions. We want the whole staff of public health nurses and doctors to consider that they must be just as interested in mental hygiene as they are in communicable disease or nutrition.

This education is carried on chiefly through conferences on individual cases. For this purpose clinics are held throughout the area. The teachers in each of the schools are asked to discuss with their principals cases that show poor personality adjustment. The teacher is asked to prepare a short history, indicating the difficulties that the child shows in school. The nurse then contacts the child's parents and prepares a history describing something of the home and neighbourhood conditions. The child, with his parents, is then brought to the clinic. The parent is interviewed and the child is examined. At the end of the day a conference is held on each case and the factors entering into the situation are discussed by the mental hygienist, the principal, the teacher, the public health nurse, and the school doctor. Sometimes social workers of other agencies have been interested in the case and they are then asked to come to the conference. We would like the family doctor to come also.

This method of studying individual cases with teachers and nurses seems to be one of the best means of giving them first-hand familiarity with factors outside the classroom which may affect a child's general behaviour. During a seven months period 133 cases had been interviewed in this manner. In these conferences some of the problems which were presented and discussed were stealing, cruelty, begging, truancy, running away from home, fears, anxiety timidity, poor group adjustment, enuresis, speech problems, retardation in school. Over a period of one year the average number of case histories written and conferences attended by each nurse were four. By discussion in conference of these problems as they appear, it is realized that in different cases the fundamental principles are the same; that the behaviour tendencies are due either to some physical defect, some factor in the child's home or school environment (perhaps a broken home as was true in 33 of the 133 cases interviewed), a desire for recognition, or a need for security and affection.

Not every health department has a director of mental hygiene, or even a mental hygiene consultant. And there are the public health nurses in the one, two, or three-nurse districts. What can they do to promote the mental hygiene programme? This is not the place to discuss changes or additions in the basic training of the nurse, but certainly in the course of her preparation she should have such teaching as would serve to give her a proper mental hygiene outlook on her problems. For the in-service-training programme of the nurse in the field the nurse herself can gain much from continued study and reading. Our periodicals have many helpfuf articles. In the larger centres staffs may organize study groups. But I have a strong suspicion that if we, as public health nurses, apply what we already know we could go far in making our mental hygiene programme more effective.

There is the story of the negro couple Sam and Mandy. Said Sam, "If you could be something you ain't, what would you be?" Mandy, after some thought, "I'd be a rose, what would you be?" "I'd be a centipede," replied Sam. "Why?" questioned Mandy. "So I could love you with all my arms at once." "Lord, you ain't putting the two arms you is got to much use!" Perhaps we could put the knowledge of mental hygiene which we have to more effective use.

In the Metropolitan Area in Vancouver in 1938 the public health nurses made over 12,300 visits to homes in which there were infants and pre-school children. In addition there were some 6,500 children who were brought, many quite frequently, to the centres for health supervision by the public health nurse and doctor. Every nurse in any area is continually contacting mothers and children in homes and in well-baby conferences. During these contacts every phase of the child's growth and development may be discussed with the mother. A mother's questions may begin with the amount the baby has gained in weight, leading on to a discussion of the amount of cod liver oil necessary. Perhaps the mother is having difficulty in giving cod liver oil, and she may add that she is worried about a thumb-sucking habit which has recently developed. Quite often the anxiety of the parent may be relieved simply by an opportunity to talk about the problems.

For example, there was Bobby, aged one year and nine months. His parents lived in a comfortable home in a very nice district. He was a normal infant with apparently normal growth and development. But he began to have temper tantrums, sometimes ten or fifteen every day. On discussion with the mother it was revealed that when Bobby was five months old, he was taken from the breast and put on the bottle simply because he refused to nurse one day. He cried a great deal, but was kept very rigidly to his feeding schedule. His mother felt that she must have obedience, and when ignoring and spanking failed to lessen the temper tantrums she became very worried. This mother first of all needed reassurance that most children exhibit temper tantrums at times. She needed a clearer conception of the meaning of obedience to a child, and a realization that Bobby needed a more convincing display of maternal love than he was receiving.

From the very moment of birth the child is continually having to make adjustments to the environment. How his problems in making these adjusments are handled is going to be of great importance to the child's future happiness and success. If the public health nurse is alert to her opportunity and has the necessary understanding of human behaviour she has here a chance—while discussing with the mother the changes and additions in feedings, the kind of clothes best suited to the baby — to help the mother see the child's point of view. To help her understand that there are individual differences in children, that learning can only proceed with maturation, and that the behaviour reactions of one child will not necessarily be normal or right for another.

For so long we have been dogmatic with parents about habits of sleeping, resting, feeding and bathing, that we are finding it difficult to educate parents to the fact that general rules are general and do not necessarily apply to their specific children. Many problems have had their root in the effort of the mother to make her child fit into an age, height, and weight table, when all the facts indicate that the child, though in perfect health, will never attain the theoretic average which is regarded almost as a divine command. We have often failed to make it understood that hours of sleep, age of beginning to talk or walk, and numerous other problems of childhood are individual problems to be considered separately for each child.

> The public health nurse can readily relieve worry and anxiety by interpreting children's needs, motives, and desires, their struggle for independence, for dominance, for recognition, for success and power. She can present in proper perspective many things which so frequently disturb parents, particularly when the main wrong-doing of children is merely that they are not like their parents. The ideas of parents about children and behaviour standards all too frequently determine whether the behaviour of any one child is regarded as primarily good or bad. **(5)**

The nurse who is informed about the normal development of the child can help the mother to understand that there are certain behaviours which will normally appear in the course of the child's growth. This has been called by Dr. Levy "anticipatory guidance". It is applying prevention rather than early detection or treatment of personality defects. By anticipating that there are certain phases of conduct which the child will pass through, the mother will be better able to adopt the right attitude towards the child's behaviour and to use desirable methods of dealing with it.

For example, we know that there may be a certain period in the life of the young child when his behaviour may appear negative. If the mother is aware of this beforehand and has been advised as to the method of handling what might be a problem, the period will pass by without undue disturbance. Again, we know that a small child is very apt to exhibit symptoms of jealousy on the arrival of a new baby in the household. If the mother knows why this might happen she can more easily avoid the appearance of such feelings. The nurse is aware that at sometime the child may refuse his food or show a lack of interest in food, and she can advise the mother just what attitude she should take when this behaviour is manifested. Thus "by discussing with mothers, these and other situations before they arise, by repeatedly stressing the general principles of behaviour more or less involved in these situations, by repeatedly helping mothers to acquire and to maintain desirable attitudes, emotional and physical, we believe that more desirable behaviour patterns will develop, that many conflicts will be avoided, and that wholesome and natural activity will be made possible." (4)

The public health nurse will not only be interested in the care and the needs of the child—she will also be aware of the needs of the mother. For example, in a case where it is very evident that the baby is not receiving enough affection, she may find in conversation that this was an unwanted baby — that financially the parents were not ready for another child and that an effort had been made to terminate the pregnancy. While listening to her story a few discreet suggestions may help the mother to adopt a different attitude toward the baby and help her give it the love which is so necessary for the normal development of the child. By lending a sympathetic ear the mother will appreciate that the nurse is interested in her as a person and she will find, in being able to discuss her problems with someone who understands, that perhaps her difficulties are not as great as she had imagined them to be.

Dr. Richards once said to a group of public health nurses, "You girls don't sniff mental disease until it is in the cavity stage". Our duty is to not even let it reach the shadow stage.

I have already mentioned the mental hygiene program in school. Unfortunately many of the habit patterns have been formed before the child reaches school age, but all too frequently these personality defects persist and are often not understood by the teacher. It is not recognized that there is something back of the behaviour of Johnny, whom the teacher considers is just plain "bad"; nor is it recognized that the behaviour of Mary, who is shy and retiring and never is any trouble to the teacher, should be even more a cause for concern than Johnny's "bad" behaviour. Unless the cause which is at the root of these behaviour symptoms is discovered and guidance given in the handling of these cases, both to the teachers and to the parents, the damage may become irreparable.

One could continue at great length to discuss the mental hygiene aspect of prenatal care, which would include giving guidance in the preparation of the rest of the family for the new arrival. The mental hygiene of tuberculosis nursing is extremely important. The tuberculosis patient must literally make himself over both physically and mentally. There is almost always a financial problem, relationships with home and friends are changed. There is need of a great deal of reassurance to help the patient face reality and to speed recovery. In venereal disease nursing the public health nurse can do much to help the patient take a more wholesome attitude towards a situation which might have been viewed as something shameful, to be hidden and denied—instead of a health problem, to be faced squarely and acted upon constructively.

All this implies that the public health nurse herself must be a fine mature person, capable of handling her own life and of giving guidance in helping other individuals to find their best means of adjusting to their environment. If the guidance of the public health nurse is to be effective it must depend upon knowledge, understanding, sympathy, and interest. Mental hygiene must be an integral part of the nursing service, not a "foreign body". The public health nurse, and all public health workers, must put mental hygiene into everything they do.

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Waiting for a Call

BEATRICE ANDREWS

When the glory and thrill of graduation is over, the young nurse is set adrift without the guidance of her superintendent and supervisors, to earn a living in whatever branch of nursing she finds suitable. Due to lack of experience, she turns to private duty—that branch of nursing wherein the supply is greater than the demand, and too frequently finds that she barely meets her expenses. "S.O.S." upon "S.O.S." goes home to mother and dad. for more finances!

Having joined the throng of private duty nurses, she starts light house-keeping in a home, where, of course, the telephone is all important. She usually pays $12. to $14. per month for a bed-sitting room, which, for that rent, is quite satisfactorily furnished. Here she resides, while waiting for calls from the Nurses' Directory—or otherwise! Without a doubt, the telephone becomes the main issue in her life. And, when it rings, it will take her a long time to get over that feeling of a queer "something" crawling around in the pit of her stomach, finding its way to her throat, and holding her in a grip that makes swallowing something to be accomplished only with an audible sort of gulp. What private duty nurse hasn't experienced this sensation? Doubtless, it is due to the prospect of finding herself making new acquaintances, and wondering what impression she will create.

But the most annoying thing is that after getting all "het up" over the ringing of the telephone, she picks up the receiver, and all too often the reply runs something like this: "Helloa, helloa, dis is Korner Grocery! You order da tin of beans! But we have two kinds of beans on sale today—da stringa beans, and da green beans. Now, lady, you don't tell me vat kinda you vant!" She mutters feebly that it makes no difference—there are probably as many calories in one as in the other. Besides, she probably ordered pork and beans, anyway. So with a disgusted grunt, the receiver is loudly replaced and she wishes to heaven the telephone had never been invented.

Although this is only the beginning of her troubles, she takes it all in her stride and is able to smile with amusement at some of her telephone experiences. But, there are days that leave a bitter and discontented feeling in her breast. Wherever she goes, she tries to leave her telephone number, but occasionally it is impossible to do this. This is the very time when a call comes and her message with the landlady is forgotten, or twisted. Just why fate should play this trick has always been a problem, and it is no fun when she's down to her last pair of stockings. It is gloomy and discouraging, indeed, but she remembers repetition of an old mother terrier's advice to her pup: "Through all life's adversities, keep your tail up!" Her faith in the future is restored and she keeps on hoping that her philosophy will pay her rent, her hospitalization, and the premiums on her life insurance, without her having to call upon the family pocket-book.

Surely there is no private duty nurse, now enjoying a well-built-up practice, who has forgotten the trials and tribulations of those early days, when as a young graduate she was trying to be independent. And that telephone will persist in ringing when her hair is done up in Hollywood curlers, and she is busy doing her weekly wash. She dashes out to answer, and nine times out of ten it is a call for duty. With a glow in her heart she runs back to her wash, to find with dismay that her best pair of white silk stockings is nestling comfortably among the snowy suds! But she gets around this by remembering that she has a pair tucked away for mending. The legs are flawless, but the feet aren't up to much, yet they'll have to do, and with a song in her heart she goes off to work.

Then there are those embarrassing occasions when she learns to think before she acts. Such a time is when she and her boy friend decide to have a snack in a nearby restaurant called "Duck Inn", and she immediately telephones her landlady to leave the number in the event of a call. While enjoying her refreshment, the telephone rings, and the waitress on answering shrieks "Duck Inn"! That is one time when the private duty nurse is thankful that the call isn't for her, for with a sudden rush of feeling, she realizes that no Nurses' Directory in Canada would expect or appreciate that situation.

As time passes, the nurse finds plenty of opportunity for her social life, such as swimming, dancing, and roller skating. An invitation to dinner is really a blessing in disguise, particularly when she does her own cooking, and hates it, and when she is somewhat in the toils of financial embarrassment. She finds time to do the innumerable little things that would be impossible if business were flourishing and the lending library, sponsored by the Manitoba Association of Registered Nurses, is open to obtain books to study. These little "brush-ups" will hold a lot she finds she has forgotten, and besides, she figures: "It's what you learn *after you know it all* that counts".

All in all, private duty, though it doesn't enable her to save, can be a fascinating experience. And when that long awaited time comes for more stable and satisfying work, the nurse decides that she would not have wished to deprive herself of those early months of private duty nursing. It really was a lot of fun.

Obituaries

ANNA L. McLAURIN HOPPER, beloved wife of Mr. W. G. Hopper, died on August 23, 1940. Mrs. Hopper was a member of the Class of 1923 of the School of Nursing of the Vancouver General Hospital. Prior to her marriage, Mrs. Hopper rendered most valuable service as superintendent both in the Fernie Hospital and the Nanaimo General Hospital.

ISABELLA THOMAS died recently at Smiths Falls, Ontario. Miss Thomas was the first graduate of the Brockville General Hospital school of nursing and was a member of the Class of 1893.

EDITH YOUNG (Mrs. H. V. Hoskins) died recently in Montreal. Mrs. Hoskins was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1935.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Correspondence

Miss Julia C. Stimson, President of the American Nurses' Association, has written the following letter to Miss Grace M. Fairley, President of the Canadian Nurses Association:

My dear Miss Fairley:

Quite recently a Nursing Council on National Defense was organized in the United States of America, and I know you will be interested in the statement which appears on the enclosed sheet which gives briefly the organization plan and functions of this Council.

In a few days a special Bulletin of our Nursing Information Bureau will be sent to you. This publication presents information on the general nursing situation and nursing needs as seen at the present time. We have already taken the preliminary steps for a national survey of registered nurses in all the states.

We shall be glad to keep you informed as our work progresses, and we are attaching an extra copy of this letter with enclosure, in case you wish to send this information to the Secretary of the Canadian Nurses Association.

May we assure you of our desire to cooperate with you in every possible way as our Governments make plans for defending our common interests.

With warmest personal regards, I am,

Cordially yours,

JULIA C. STIMSON,
President,
American Nurses Association.

Miss Fairley has written in reply:

Dear Miss Stimson:

I deeply appreciate your courtesy in forwarding the outline of your Nursing Council on National Defense, also the copy for the Secretary's file. The bulletin has just arrived, and I shall peruse it immediately. The functions as laid out are concise as well as sound.

I know that the members of the Canadian Nurses Association will be greatly heartened when they learn of your action, and on their behalf will you accept my thanks for your offer of the co-operation of the American Nurses Association.

I will be grateful to receive any further information from time to time. May I assure you of our cordial and reciprocal relationship which in these days is a great source of comfort. Like you, we are watching with interest and gratitude the action of our Governments.

With kindest regards,

Sincerely yours,

GRACE M. FAIRLEY,
President,
Canadian Nurses Association.

In Support of Nursing Education

During the year 1939-1940, the Executive Committee of the Canadian Nurses Association made certain specific recommendations to the following special committees: (1) Exchange of Nurses, (2) Florence Nightingale Memorial, and (3) Scholarship Award, relative to their functions and objectives for the duration of the war. Consideration by these Committees of recommendations received from the Executive resulted in a Joint Meeting being held in Calgary prior to the recent General Meeting. All Provinces except New Brunswick were represented at the Joint Meeting.

Later, at a general session, endorsation was given to the recommendations received from the Joint Meeting which resulted in the adoption of several resolutions:

1. That the objective of the Exchange of Nurses Committee for the duration of the war is to be the encouragement of interprovincial exchange.
2. That the combined Committee, (Florence Nightingale Memorial, C.N.A., Committee, and the Scholarship Award Committee) be known as the Florence Nightingale Memorial Committee of the Canadian Nurses Association. The function of this Committee to be (a) the collection of funds for the Florence Nightingale International Foundation Endowment for the next two years; and (b) the collection of funds for, and allocation of scholarships, bursaries or loans, as may meet the need.

The personnel of each Committee—Exchange of Nurses and Florence Nightingale Memorial — includes representation from each provincial association of registered nurses, consequently as there needs to be unanimity in agreement of plans by which each Committee shall function in future, several months may elapse before either Committee is ready to make any announcement.

Emergency Nursing Services

Representative members of the provincial associations of registered nurses welcomed the opportunity of conferring together during the General Meeting of the Canadian Nurses Association in regard to plans for nursing service in relation to Air Raid Precautions, Civilian Protection and Home Defence.

First Aid: There was general agreement that the knowledge and experience of the average nurse in modern first-aid practice as related to emergencies in war time are definitely limited; therefore, the first step should be to provide for classes whereby these nurses may have additional instruction and practice in carrying out first-aid procedures. It was recommended that a core group of experienced nurse-teachers be trained in first-aid procedures in various centres of each province and these nurses in turn become responsible for teaching first-aid to other groups of nurses.

The Committee on Nursing Education was asked to outline the details of this scheme. Early in August, this Committee suggested to each Provincial Association that the First-Aid Manual of the St. John Ambulance Association be used as a guide in refresher courses in first aid. The Committee, explaining that it is optional whether or not an examination be given at the conclusion of the course, stressed that "the point of greatest importance is that an opportunity be provided for every nurse to actually practise the essential procedures so that she will be able intelligently to perform emergent services wherever accidents occur."

The Committee on Nursing Education also stressed that, in order that the scheme may be developed on a sound basis, well-qualified nurses be selected to give the instruction to the core groups. Nurses holding an instructor's certificate in first aid from the St. John Ambulance Association should be selected wherever possible. Specific information in regard to registered nurses securing the instructor's certificate and in teaching first-aid will be sent to the Provincial Associations of Registered Nurses through the Executive Committee of the Canadian Nurses Association at an early date.

Already the Association of Registered Nurses of the Province of Quebec has initiated preliminary plans for the promotion of refresher courses in first-aid. On September 6, the Board of Management appointed a committee to put

ASSISTANT EXECUTIVE SECRETARY

The Committee on Selection invites applications for the position of Assistant to the Executive Secretary of the Canadian Nurses Association.

It is essential that those applying be women with sound professional training and broad experience, capable of assuming responsibility for the development of educational programs and various phases of organization work.

Applications should be submitted to the undersigned not later than October 15, 1940, stating full particulars of undergraduate training, graduate experience, and study.

Convener of Selection Committee
CANADIAN NURSES ASSOCIATION
1411 Crescent Street, Montreal, P. Q.

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into effect the recommendations as received from the Canadian Nurses Association. Three members of the committee, all experienced teachers, have been released temporarily from their present positions in order to give full-time to the promotion of the refresher courses. While serving in the latter capacity, these nurses will receive remuneration equal to their present salaries, from the Association of Registered Nurses of the Province of Quebec.

Air Raid Precautions: The Department of Pensions and National Health has supplied the Canadian Nurses Association with information in regard to the organisation and teaching of "A.R.P." work in Canada. This organization is an attempt to prevent casualties amongst the civilian population, the result of any form of enemy action, that is, sabotage, bombardment, or attack by air, and to care for civilian casualties if they should occur. All the training and work is carried out on a voluntary basis.

The Federal Government has set up, in the Department of Pensions and National Health, a Committee with an officer of the Department designated in charge. In each Province where there are areas designated by the Department of National Defence as possibly vulnerable to enemy attack, there is established a provincial advisory committee under the personal direction of the Premier of the Province, and in addition there is designated in each province one officer in charge of the work. Under this Provincial Committee there are then organized local or municipal committees in each area designated.

That portion of the organization which deals with civilian casualties in each locality is briefly as follows:

> There are first-aid parties composed entirely of men trained by the St. John Ambulance Association in first aid and also in "A.R.P." work. These first-aid parties centre on a first-aid post. This first-aid post is in charge of a doctor or doctors with the assistance of the required number of registered nurses and voluntary assistants, male and female, trained in first-aid and home nursing under St. John Ambulance Association. The equipment for such a first-aid post is provided by the Federal Government and is sufficient to permit of all first-aid work that would be necessary. The doctor in

charge is responsible for the organization of his first-aid post and for any special training which may be required for the personnel. In addition to first-aid posts, it may be necessary to establish a small number of casualty clearing stations generally in the out-patient or admission department of the local hospital and manned practically entirely by the doctors and registered nurses.

This information emphasizes the immediate need for experienced nurse-teachers to prepare themselves for the giving of instruction in first-aid to other groups of nurses so that in every locality throughout Canada well-qualified nurses will be available for service in any emergency as well as to teach groups of workers who wish to volunteer their services for "A.R.P." work.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Manitoba:	
Manitoba Association of Registered Nurses	$100.00
A.A., Winnipeg General Hospital, Winnipeg	25.00
Donations from Nurses at large	52.00
Ontario:	
A.A. Kingston General Hospital, Kingston	5.00

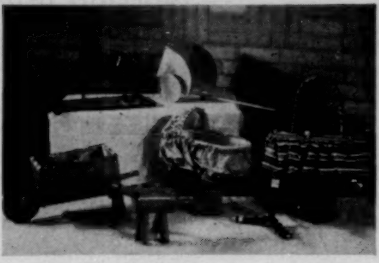
Developing Hidden Skills

GERALDINE E. HOMFRAY

This year, at the University of British Columbia, an interesting experiment was carried out by the Public Health Nursing students. Acting upon the commonly made statement and well-known fact that the pre-school group is often neglected by public health workers, the students set about to provide possible means of remedying this situation. As a first approach to the problem, the student workers endeavoured to increase their own knowledge regarding the care of these little folk. From reading assignments and observations, they assembled and accepted the following principle: that the greatest proportion of pre-school life, other than the hours spent in sleep, is invested in play periods; and since it is acknowledged that play is a form of education, the students then rightly assumed that play, as the foundation stone in education, should be regarded as a very precious investment.

Play is not a luxury, but a necessity. It is the serious business of a child's life—indeed for the young child it is life itself. All children have an urge for activity, and should be provided with suitable play material which will give pleasure and satisfaction, stimulate development, and be safe to use. The active child is a learning child, and, given proper material, will learn many lessons about the properties of things and at the same time learn how to use both the large and small muscles. Besides, play is an outlet for the child's vivid imagination, and a means of satisfying his creative ability. Since play is a necessity in every child's life, the students came to the logical conclusion that it is just as essential to be familiar with this phase of child care, in order to teach parents regarding suitable play equipment and the valuable uses of the play period, as it is fitting to be adept in dispensing information regarding nutrition or in campaigning against communicable disease.

In order to make this newly assembled knowledge a part of them, each student set about to create, from home oddments, educational toys designed especially for the pre-school child. While they worked, they discovered that often the play equipment of greatest value and interest to the child is the simplest and least expensive, and that with a little initiative, and at practically no cost, valuable toys can be made in any ordinary home.



In the first illustration, one of the students demonstrates that a usable little hand cart can be constructed from a few rudimentary building essentials, —wood from an orange crate, a few nails, a bit of paint, a good measure of imagination coupled with practical application. The second picture shows a grouping of toys, all made by the students. One will note from this second snapshot that the handsome wheelbarrow grew out of an ordinary mandarin orange box; that "Reckitt's Blue" boxes, chalk boxes, cigar boxes, odd ends of lumber, gayly coloured with paint, have been converted into excellent building blocks. Grape baskets have a marvellous way of turning into doll cradles and bureaus, and a cereal carton sprang to life as a weird-looking animal when empty thread spools were attached to form head, neck and legs.

All these toys, other than for the time and effort expended, have cost nothing or at most a few cents, for they have been made from odds and ends found in the average home. However their value cannot be counted in monetary fractions for they will afford the young child hours of happiness besides providing the builder with an immense amount of interest and fun.

The question has been raised, "how did the students learn to do such skilful carpenter work?" In answer to that, one simply comes to the point—they didn't learn in the sense of being taught. There are three words that may cover their skill, namely, imagination, ingenuity and application. With these characteristics as foundation stones, their adept fingers moulded playthings from waste materials. Their workmanship unfolded with intelligent thought. Thus, through this experiment, the students not only increased their horizons of knowledge, they released an amazing amount of ingenuity and tapped hidden skills in handicraft, surprising themselves with the outcome of their efforts. But most important of all, they became imbued with enthusiasm, an enthusiasm that may lead them to make further contributions to the betterment of our preschool age group.

Nursing in Newfoundland

C. A. S. Abernethy

Cottage Hospitals in Newfoundland are usually built and controlled by the Department of Public Health, and locally supervised by a branch of the Board of Health. For the most part they are situated on the coast-line, where the bulk of Newfoundland's population are settled, and serve a varying number of settlements. There are instances of the hospital being built by local enterprise entirely, and the Department of Public Health then had only to shoulder the burden of staff, equipment, and running expenses.

The ground-floor of the building consists of two eight-bed wards. Four children's cots and a private side-ward are also provided. There is a modern operating theatre, with adjoining service units. At one side of the main entrance are the doctors' offices, with a well-stocked dispensary and adjoining waiting-room. The "iron lung" is to be seen in every Cottage Hospital, the gift of Lord Nuffield, but X-ray apparatus has not yet made its appearance. Comfortable staff quarters are situated on the second floor. The furnace room, a well equipped laundry, and a refrigeration unit are conveniently situated in the basement.

The staff includes a doctor and two registered nurses, one of whom is Sister-in-Charge, and the other her assistant. Two ward-aids are employed and the domestic staff includes a cook, a maid, a janitor, and a bi-weekly wash-woman. The sister-in-charge attends the dispensary, takes maternity work, including the daily care of mother and baby, plans the menus and helps in the wards where required. The assistant has charge of all dressings, operating theatre supplies, and helps wherever required. The ward-aids become very proficient in attending the patients. Unlike student nurses, they do not require to move on, and continue a longer period with a familiar routine.

During operations, the doctor is the surgeon, the theatre nurse his assistant and the Sister is anaesthetist. Major operations of the gravest nature are performed by the Cottage Hospital doctors, and great credit is due them in their isolated work, for they have very few occasions in which to consult a colleague. The variety of surgical work is considerable, and as many as five major operations may be tackled in one day. The work calls for the greatest co-operation from every member of the hospital staff, and here let me mention that man of parts, the janitor, without whose help we could not get along so well. He bathes and shaves male patients and does all kinds of odd jobs for each department, but it is during operating hours that we really appreciate him. He brings patients to the operating room, dons a white coat and helps while the anaesthetic is being given. He runs the cautery, the suction apparatus in tonsillectomy, and can find unexpectedly required surgical instruments, drainage tubes, or sterilized bundles.

While operations are in progress, the ward-aids are in charge of the wards and have on many occasions to do skilled work. The nurse-anaesthetist and the nurse-assistant observe from close quarters every step taken by the surgeon, and learn more of the actual surgery in one month in a Cottage Hospital than in twelve months in any large general hospital, where the surgeon has two or three associates assisting him, and the nurses rarely get an intimate view of the proceedings.

Group operation upon school children is being consistently performed, as many as ten being done each day in some hospitals. The groups number from twelve to forty at a time, chiefly for the surgical treatment of tonsils and adenoids.

The dispensary looms large in the daily work of every cottage hospital, and while the doctor has set hours, the nurses attend the dispensary night and day. The sister-in-charge dispenses prescriptions for the doctor while he examines patients and records all particulars in ledgers, with index file numbers for future reference. Dental work is included and when the doctor is absent, the nurses do all extractions, with discrimination. When the case calls for general anaesthetic, the nurse advises the patient to enter the hospital.

Married doctors have a separate residence near the hospital, with a telephone direct; single doctors have living quarters in the building. It is difficult to imagine a hospital without a telephone but I have sampled one. Our local telegraph office was our means of communication, and when the Hospital ship arrived in the harbour with a patient, the siren gave a special rendering of a sound-alarm.

Many hospitals have to plan operations, admissions, and discharges in accord with the coastal steamer schedules. While some hospitals have a choice of three steamers calling, with mail and patients, it is expedient that cases sufficiently recovered be allowed to go home, rather than keep them for a further two or three weeks in out-ports receiving only one steamer's call. All this depends largely on the weather; most transportation is by water, and only short distances can be done in motor boats, especially in winter or stormy weather.

On the south coast an equipped hospital ship, with a doctor and nurse aboard, patrols a large section of the coast, answering calls from isolated district nurses and settlements not served by a nurse. At times this ship takes patients to the nearest cottage hospital. This is a wonderful relief to the nurses stationed on the south coast, and district nurses less happily placed sometimes wish the hospital ship could come when they call for much needed help. I have known the hospital ship to call in the harbour at the same hour as the steamer and, between them, bring seven patients for immediate operation. For these cases, we have emergency folding cots to which we transfer convalescent patients and give the more serious cases a ward bed right away.

Stores and dispensary supplies arrive once a month from St. John's but in case of any delay a fairly large stock is usually maintained. Mail day is always a great occasion and, when operations are in progress, the arrival of the janitor with stacks of letters, papers, and parcels, being "scrubbed-up" entails tortures of suspense.

All branches of public health work are embraced in hospital administration. The people, in the main, are poor and fees are paid annually in cash or kind, the circumstances of a family determining the latter. Most districts have a conjoint hospital and district nursing scheme. The fees average five dollars per family per year, free hospitalisation and the services of the local nurse. The permanently poor are treated free of charge. Fees paid in kind include live sheep, goats, geese and chickens; beef or other meat; potatoes and vegetables; wood is also accepted for fuel. The charges for dental extractions are 25 cents for the first tooth and five cents for each tooth after at that sitting. All medicines are paid for and accounts are squared up monthly.

The hours are long and uncertain in the Cottage Hospitals, but the work is definitely worth-while. The recovery of the patients, and their gratefulness amply repay the absence of regular off-duty time. In fact one gets so wrapt up in the running of the Hospital, in caring for each inmate and contributing to the general welfare of the hospital personnel, that happiness gilds each passing hour, and we all know that happiness is the greatest benefactor of all.

BOOK REVIEWS

A SUPPLEMENT TO A PROPOSED CURRICULUM FOR SCHOOL OF NURSING IN CANADA,

prepared by the National Committee on Education of the Canadian Nurses Association. Published by the Canadian Nurses Association, 1411 Crescent Street, Montreal, Quebec. 1940. Price, 75 cents.

By using this supplement, the nurses of Canada will find a valuable tool to assist them in any field of nursing activity. The intrinsic appeal of this guide seems to be the result of two unique contributions. Into it has been woven the sifted experiences of the nurses and educators of this, and other generations. They present a magnetic challenge. The cause of this magnetism is perhaps the result of the weaver, our convener of the National Committee on Education, Miss Marion Lindeburgh. Giving much of herself, she has interpreted the various threads and patterns of procedure, in such a way, that the warp and woof of nursing education are united in a pattern — beautiful, scientific, and infinitely worthwhile. This material, so generously presented, the nurses of Canada must take and see what durable, democratic garments they can manufacture. As there is no terminus in nursing education, these garments must provide for growth—growth developed under expert leadership.

The book is divided into two parts. The first gives us the essential principles for evaluating an educational program, the second part, the application of these principles in the clinical field. These principles are indeed a challenge to nursing and to nurses. The underlying philosophy and planning of such a program is set forth in a way that just makes one want to share the responsibility of applying its principles. Indeed, wherever we find two or three nurses practising their profession, no matter in what field, such a program is needed, and should be organized. Part Two shows the educational resources of our clinical services, and how to organize an educational clinical program in these fields. The chapter dealing with ward teaching is particularly helpful from the point of view of both the student and of the teacher. If conscientiously applied, our nursing care of patients will be immeasurably improved. The importance of relationships is stressed, and detailed guidance is given in special methods of clinical teaching, such as the conference, the clinic, and the morning circle.

Section Seven, "Evaluating the student and her work", should improve the quality of our nursing service if we apply its suggested principles and techniques. Here we are given a simple but educationally sound ward report which could well serve as a basis for future experiments both in student and graduate fields of nursing. The last two sections present the underlying principles that must be practised by supervisors themselves if they wish nursing to come into her own. It shows what we mean when we say — supervision is democratic, is scientific, is artistic. It shows that in all our programs we must appreciate nursing from broad community health aspects.

Without the sincere application of these final sections no program, can be introduced, maintained, or developed. Their application will demand persistent determination and democratic understanding in the part of all who play their part in the nursing drama. Otherwise, the goal of better service to our public through the growth of the professional worker will never be reached.

ALISON REID, R.N., B.A.Sc.,
Instructor of principles and practice of nursing, School of Nursing, Vancouver General Hospital.

Ontario Public Health Nursing Service

Miss Evelyn Beech, a graduate of the school of nursing of the Toronto Western Hospital, and of the school of nursing of the University of Toronto public health nursing course, has joined the staff of York Township Board of Health.

Miss M. Jennetta Gillespie, a graduate of the school of nursing of the Hospital for Sick Children, Toronto, and of the school of nursing of the University of Toronto public health nursing course, has accepted the position of public health nurse at Thorold, where a generalized program will be developed. For a number of years a school health service, which included the village and two township schools, was maintained.

Miss Alpha E. Marchand, a graduate of the school of nursing of St. Michael's Hospital, Toronto, and of the school of nursing of the University of Toronto public health nursing course, has resigned her position as public health nurse with the Penetanguishene Board of Health to be married.

Miss Jenny B. Berry, a graduate of the school of nursing of the Kingston General Hospital, and of the school of nursing of the University of Western Ontario public health nursing course, and *Miss Beatrice E. Roberts,* a graduate of the school of nursing of Wellesley Hospital, Toronto, and of the school of nursing of the University of Toronto public health nursing course, have been appointed to the staff of the Port Arthur Board of Health.

Miss Esther McDonald, a graduate of the school of nursing of the Port Arthur General Hospital, and of the school of nursing of the University of Toronto public health nursing course, has resigned the position which she held with the Port Arthur Board of Health to be married.

Miss Geraldine Conley, a graduate of the school of nursing of the Hospital for Sick Children, Toronto, and of the school of nursing of the University of Toronto public health nursing course, has resigned from the public health nursing staff, Oshawa, to accept a position with the Peterborough Board of Health.

Miss Mary Isabelle Tyndall, a graduate of the school of nursing of the Toronto General Hospital, and of the school of nursing of the University of Toronto public health nursing course, has joined the Oshawa staff.

Miss Margaret E. MacDonell, A.T.C.M., a graduate of the school of nursing of St. Michael's Hospital, Toronto, and of the school of nursing of the University of Toronto public health nursing course, has been appointed to the staff of the Peterborough Board of Health.

Miss Zeta R. Kearney, a graduate of the school of nursing of the Victoria Hospital, London, and of the school of nursing of the University of Western Ontario public health nursing course, and *Mrs. O'Toole* (née Gainey), a graduate of the school of nursing of the Hospital for Sick Children, Toronto, have resigned from the staff of the Peterborough Board of Health.

Miss Alma Hourd, a graduate of the school of nursing of the Harper Hospital, Detroit, and of the school of nursing of the University of Western Ontario public health nursing course, has resigned from the public tion, London. *Miss Jean Axford,* B.Sc., a health nursing staff of the Board of Educa- graduate of the school of nursing of the Royal Victoria Hospital, Montreal, and of the school of nursing of the University of Western Ontario, has succeeded Miss Hourd.

Miss Jean Aikenhead, a graduate of the school of nursing of the Victoria Hospital, London, and of the school of nursing of the University of Western Ontario public health nursing course, has resigned her position as public health nurse at Haileybury to be married.

OVERSEAS NURSING SISTERS ASSOCIATION

Following the established custom that the officers of the Overseas Nursing Sisters Association of Canada shall be elected from within the district in which the next general meeting of the Association will be held, the following were recently elected to serve during the biennium period 1940-42: The Honourary Presidents for life are: Miss Margaret C. MacDonald, R.R.C., L.L.D., Matron-in-Chief (retired); Miss Edith C. Rayside, C.B.E., R.R.C., M.A.Sc., R.N., Matron-in-Chief in Canada (retired); Mrs. G. Stuart Ramsay, R.N., First President and organizer of the Overseas Nursing Sisters Association. The new President is Miss Fanny Munroe, R.R.C., R.N., Director of Nursing, Royal Victoria Hospital, Montreal; the first vice-president is Miss C. M. Watling, A.R.R.C., R.N., Home Sister, School of Nursing, Montreal General Hospital; the second vice-president is Mrs. H. Aline Paice, A.R.R.C., R.N., Director, Social Service Department, Royal Victoria Hospital, Montreal; the third vice-president is Miss Blanche Anderson, R.N., Assistant Director of Nursing, Ottawa Civic Hospital, Ottawa. The Secretary-Treasurer is Miss E. Frances Upton, A.R.R.C., R.N., Executive Secretary and Registrar, Association of Registered Nurses of the Province of Quebec, 1019 Medical Arts Bldg., Montreal. The representatives from the Montreal Unit of the O.N.S.A. are Mrs. C. E. Bissal, 753 Bienville Street, Apt. 5, Montreal; Miss Margaret L. Moag, Superintendent, Greater Montreal District, Victorian Order of Nurses.

In subsequent issues of the *Journal*, articles dealing with the organization, purpose, and activities of the Association will appear from time to time.

E. Frances Upton,
Secretary-Treasurer,
Overseas Nursing Sisters Association of Canada.

Ottawa Unit: The Ottawa Unit of the *Overseas Nursing Sisters Association* cently entertained at tea in honour of Miss Elizabeth Smellie, C.B.E., R.R.C., the newly appointed appointed Matron-in-Chief in Canada of the nursing service of the R.C.A.M.C. When presenting flowers to the guest of honour the president, Mrs. MacDermott, expressed the pleasure and satisfaction of the members. Miss Smellie's extensive knowledge of nurses and nursing in Canada fit her admirably for her important task.

Health on the Air

C. E. Mary Rowles

When giving lectures in Health Education to preliminary students I always mention that the education of the public is carried out in various ways. I used to go on from there to talk about radio speakers, and movies with a good deal of interest, but without any actual experience. From now on I shall speak from the heart, as I have recently been chairman of a publicity committee in connection with a Community Health Week.

You will probably ask what a re-ctable instructor was doing in the blic health field—and the answer is that I still don't know why I was there, it was a lot of fun. At Lennoxville, which is about three miles from we have a Rural Adult Education Service, sponsored by the McGill University Adult Education Department, and under the capable direction of Mr. R. Alex Sim. This service has become very popular in the Eastern Townships and I first heard of it about six months after its inception, when a probationer told me of having attended the meetings. Then, through the Business and Professional Women's Club, I was invited to speak on one of their series of broadcasts, entitled "The Adult School of the Air". This brought me a little nearer, and after I had attended the School for Leaders sponsored by this service, I felt as though I really belonged.

Early this year, Mr. Sim consulted Miss Edna Osborne, of the Victorian Order of Nurses in Sherbrooke, about some kind of project which would bring health before the public in an entertaining manner. Miss Osborne asked me if I would be interested and of course I was. We three had a meeting and decided that at least two days should be devoted to the discussion of health, and that the subjects should be limited to three that seemed to be of paramount importance: tuberculosis, immunization, and nutrition.

In a very informal way Miss Osborne was "elected" chairman of the program committee and I of the publicity. The election was something like this: "Well, I'll take the publicity, if you will take the program". Having made ourselves chairmen of non-existent committees, Miss Osborne and I proceeded to find members, and about a week later the first real meeting was held. Rough plans of our future campaign were presented, and it was decided that the week of May 12 should be celebrated as Community Health Week. During this week, which appropriately enough commenced with Hospital Day, and was also marked by the graduation exercises of our School of Nursing, as many health activities as possible would be demonstrated.

The first item on the publicity program was the composition of a circular which was sent to all organizations we thought might be interested in a Health Week. The response was very encouraging and a large number replied saying that they would take part. Each organization was then supplied with a second circular, which indicated the publicity items to be watched for, and asked that each group name representatives to attend meetings connected with the arrangements. In the meantime, Mr. Sim was collecting lists of movies and speakers, and the organizations were later supplied with these. Arrangements were made with the Granada Theatre to show a health movie; this was done entirely without charge through the kindness of the management. The film, entitled "A New Day", was supplied by the Metropolitan Life Insurance Company. The editor of "The Sherbrooke Record" told us that anything that was "news" was acceptable, and that reports of meetings and proposed programs would be welcome.

The radio publicity really deserves a paragraph of its own. The "Adult School of the Air" program had been given every Tuesday afternoon; starting on April 2, this time was devoted to the publicity campaign. On successive Tuesdays, the objectives of Health Week were described and introductory lectures were given on the three main topics by speakers specially qualified to deal with them.

I wonder if there is anything in the world like sitting in front of an expressionless microphone, trying to arrange papers with hands that are clammy and all but cyanosed? The wicked little red light goes on, the announcer speaks, and then you suddenly hear a voice — it sounds familiar, and you realize that it is your own, and that broadcasting is not so bad after all. My greatest difficulty was trying to speak slowly—a hard task at any time. I now know exactly how much it takes to fill fifteen minutes, how near one must be to the "mike", and what sounds well. The only drawback is that you cannot sit by a receiving set and hear yourself.

Mr. Sim could not be present at the third broadcast and suggested that I should do the announcing. It is one thing for somebody else to make the first announcement while you are calming down, but to hear the station announcer say: "Ladies and gentlemen, Miss Mary Rowles," to see him switch the light on to show you are on the air, and then to be obliged to quaver "The Rural Adult Education Service presents the School of the Air", is an entirely different kettle of fish. I now think that the worst part is watching the clock, afraid that somebody has a paragraph too much, or that we are going to finish two minutes before our time is up. The only way to test the time is to read the script out loud. I know my students would have feared the worst had they passed my door around midnight on some occasions and heard me muttering to myself for no apparent reason.

On May 12, the manager of the local station kindly gave us fifteen minutes free of charge, so we presented the first Hospital Day broadcast ever heard in Sherbrooke. Miss Catherine Vaughan, a recent graduate, gave a short Florence Nightingale oration, followed by a charming little poem of her own composition. Miss Verna Beane, our superintendent of nurses, told something of the history and work of the Sherbrooke Hospital, referring particularly to the school of nursing. The program concluded with the recitation of the Florence Nightingale Pledge, by Miss Donna Draper, a member of the graduating class. Everybody who heard the program was delighted with it, and we hope that it will become an annual event.

Considerable publicity was given to Health Week and Hospital Day in the churches—both Catholic and Protestant. The clergy certainly gave us their wholehearted support. Some splendid posters were prepared for us by the art class at the Sherbrooke High School, and these were distributed to various merchants who were asked to display them in their windows and also to include appropriate exhibits. In a bookstore window a poster would be surrounded by various books on health; in a druggist's, a number of vitamin preparations would be shown beside an appropriate poster. In the public library, a large chart showed the means by which tuberculosis is spread. In the lobby of the Granada Theatre was a large poster—exceedingly professional—calling attention to Health Week, and presented with the compliments of Abbott Laboratories, who were also the donors of samples for distribution at meetings. We even had a free tag-day and how hard it was to make the men believe that the tags were really being given away!

During Health Week itself, a large number of meetings were arranged by Miss Osborne's committee. At one mass meeting Dr. Frank Pedley of McGill University was the speaker. Other meetings on a smaller scale were conducted by various organizations, most of these including a speaker and a suitable movie. The Catholic Women's League had as speaker Dr. Simon Marcus, our tuberculosis specialist. The Rotary Club heard Dr. Wherrit, president of the Canadian Tuberculosis Association. The Business and Professional Women's Club enjoyed a talk on nutrition by Miss Swanson, dietitian at the Sherbrooke Hospital. Everybody who could speak on health was roped in to do so—I spoke to the English students at the Convent of Mont Notre-Dame on nursing, and to a Women's Institute in the country on first aid.

As yet we have been unable to estimate the results of our efforts, but we do feel that a great deal of interest has been aroused, and that many organizations which formerly paid little attention to health will now incorporate it as a part of their programme, and be ready to sponsor a Health Week next year. If that is true I think we can say that our Health Week was a success.

The R.N.A.B.C. and the Journal

The Provincial Associations of Registered Nurses are certainly giving loyal support to the *Journal*, and are finding many new ways in which its usefulness may be increased. The Registered Nurses Association of British Columbia recently worked out a plan which benefits all concerned and which might be adopted to great advantage in other provinces. Here are its main features: a special committee, appointed by the Association and convened by Miss Kathleen Sanderson, prepared a list of nurses working in outlying districts and therefore not closely in touch with nursing affairs. From this list, one hundred nurses were selected by the committee and, as a gift, the Association subscribed on their behalf.

In the letter telling them of their good fortune, Miss Margaret Duffield, president of the Provincial Association, suggested that the nurses in the community should meet from time to time to exchange ideas and to discuss articles which are of educational value. She also expressed the hope that when the gift subscription expired, the nurses would themselves continue to subscribe. The R.N.A.B.C. is contemplating the formation of Regional Districts, and Miss Duffield is sure that the Journal can help to keep them in touch with one another and with the Association as a whole. This is one of the most important functions of this journal, and the editor is most grateful to the R.N.A.B.C. and to Miss Duffield for this expression of confidence.

In her report at the biennial meeting of the Canadian Nurses Association, the editor mentioned the possibility that the R.N.A.B.C. might make this friendly and generous gesture, but added that she "never counted the chickens before they were hatched". Later in the session, Miss Duffield rebuked the editor for this want of faith by asserting that "British Columbia never yet laid an egg that wouldn't hatch". And so indeed it seems. The whole "clutch" is now scratching vigorously for a living!

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers and resignations from the Victorian Order of Nurses for Canada:

Miss Phyllis Boden has been appointed to the staff of the Burnaby Branch, *Miss Helen Rush* has been appointed to the staff of the Galt Branch. *Miss Ethel Croft* has been transferred from the Kitchener staff to the Brockville Branch as nurse-in-charge.

Miss Orella Whalley has been appointed to the Hamilton staff. *Miss Vera A. Bruegeman* has been appointed to the Kitchener staff. *Miss Dorothy McLeod* has been appointed to the St. Catharines staff. *Miss May Deane-Freeman* has been transferred as nurse-in-charge of the Edmonton Branch to take charge of the branch in Calgary.

Miss Dorothy Campbell has resigned from the St. Catharines Branch. Miss Campbell has been granted leave of absence from the Order to attend the public health nursing course at the School for Graduate Nurses, McGill University.

Miss Mary Murray has resigned from the Hamilton Branch to accept a position with the City Department of Health in Hamilton. *Miss Catharine Lemon* has resigned from the Brockville Branch to be married. *Miss Norma Cameron* has resigned from the Winnipeg Branch to be married.

Miss Eileen Rose Bretzlaff has resigned from the staff of the Galt Branch. Miss Bretzlaff has been granted leave of absence from the Order to attend the public health nursing course at the School for Graduate Nurses, McGill University.

Miss Elizabeth Bibby has resigned from the Calgary Branch to enlist in the Army Nursing Corps and has been assigned to duty in No. 4 Canadian Casualty Clearing Station.

Miss Lena Riddell has resigned from the staff of the Woodstock Branch, Ontario, and is on leave of absence from the Order to attend the public health nursing course at the School of Nursing, University of Western Ontario.

Miss Bertha Hamilton has resigned from the Ottawa Branch to be married.

REFRESHER COURSE

A refresher course for graduate nurses who are interested in the teaching of home nursing will be given at the School of Nursing, University of Toronto, on October 16 to 19.

The content is as follows: Lectures on the psychology of learning; the principles of teaching; emergency nursing, including air-raid work; and recent developments in medicine.

A series of demonstration classes will be taught, the topics for these being selected from the Red Cross Manual. No credits will be given for this work, nor will any certificate be awarded. The fee will be $5.00.

STUDENT NURSES PAGE

A Week with the Hospital Health Service

ISABEL CALHOUN *and* DORIS PAYNE

Student Nurses
School of Nursing, St. Joseph's Hospital, Toronto

We are in our Junior year and once having obtained our caps we formed a club to present interesting current information. We were to meet every two weeks thus keeping our class together and fostering class spirit. We must also admit that we enjoyed the extra recreation entailed. At these meetings the Student's Page of *The Canadian Nurse* was often presented, with the result that we became acquainted with many students across Canada. We listened and rejoiced in the christening of "Bonnie Western", lived again the moment of receiving our caps with the St. Martha students, and recalled many awkward bewildering moments of our preliminary term with the Ottawa students. So we wondered if we might make a contribution to admit us to this magic inner circle. We looked our treasures over carefully and because they appeared so familiar to us, we did not think that they would appeal to you, until we said—"Have *they* enjoyed a week with the Hospital Health Service nurse?"

In Toronto, attached to the out-patients department of most of the large hospitals, there is a department known as Hospital Health Service. Here will be found a public health nurse employed by the City Health Department who is at the service of the patients within the hospital and those who are treated through the out-patients department. Hospital Health Service is a recent but a very necessary addition to our Hospital and serves as the connecting link between the hospital and the home. It was here during our week that we became very conscious of the patient as an individual and also more aware of his home environment.

Our week was divided so that we spent some time in the admitting office; the various clinics, especially prenatal, post-natal, diabetic and tuberculosis; a half day of visiting on the wards with the Hospital Health Service nurse, and an afternoon of visiting in the patients' homes with one of the field nurses of the Health Department. During our time in the admitting office, we came in contact with the individual before he became a patient, and occasionally were fortunate enough to take him from the clinic to the admitting office and thence to the ward. Through this experience we saw how very important our first contact with the patient could be, as we watched and listened to tactful questions, and at first, guarded answers, which finally gave way to complete confidence. We realized anew that we really were fulfilling the role of hostess to these guests in this large house of ours. In the clinics, we noted the check-up on every attending patient, the careful examination given every new patient and the records of these visits made and filed for reference. The thing which struck us most forcibly was the health teaching accomplished when problem cases were referred by the doctor to the Hospital Health Service nurse. This was really a review for us and we feel that we will have greater confidence in our own health-teaching now that we have seen experts at work. We noted how willing the Hospital Health Service nurse was to discuss economic and social difficulties with the patient and how helpful this was to both the doctor and the patient. This was again made more vivid by our visit to the wards with the Hospital Health Service nurse here. We saw many problems which were a source of worry and anxiety to the patients solved; heard arrangements made for dressings to be done at home; for syringes and needles for the diabetic patients; for transportation to Sanatoria; for a much needed brace or appliance.

We shall always remember Mr. P—, an elderly gentleman, who while on a visit from a neighboring town ran short of funds and was arrested for vagrancy. While in jail, he became ill and was admitted to our Hospital. At the time of our visit, Mr. P— was ready to be discharged, his jail term had expired while he was in hospital, but he had no friends here and no money to return to his own town. He told us that he was planning to hitch-hike home as he was sure that he could obtain work there. This problem was referred to the Hospital Health Service nurse by the nurse-in-charge, and as a result of her visit arrangements were made for Mr.P— to be transferred to the Men's Hostel while his friends were located in his own town. We left him happy and appreciative of these arrangements.

Our visit in the district with the public health nurse was a fitting climax to our very interesting and educational week. We saw school children examined and visited many homes. Here we saw nursing carried on, just a little different from that to which we were accustomed. We were greatly interested in a visit to a pre-natal patient whom we had seen examined at our clinic two days previously. We could appreciate, therefore, the importance of continuing the health-teaching which was begun by the Hospital Health Service nurse in the obstetrical clinic. Again, we noted that the nurse was ever on the alert to present sound ideas of health-teaching, as the patient and nurse discussed her diet.

This week with the Hospital Health Service nurse is one that is keenly anticipated by the Junior Class. As the result of our week, we feel that we are more "health-teaching conscious". We realize now that social problems, worries and anxieties will retard the physical progress of the patient and that we must report these. We have a clearer picture of the home conditions of many of our patients. From our observation of the many personalities and temperaments passing through the clinics, we feel that we have a deeper insight into human nature. We are sure that we have gained in sympathy and understanding from this experience and wish that you, too, may enjoy a week with the Hospital Health Service nurse.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

A refresher course on supervision in nursing, sponsored by the Registered Nurses Association of British Columbia, and convened by Miss A. S. Cavers of the teaching staff of the Vancouver General Hospital, was held in Vancouver during the week of July 29 to August 3, and in Victoria from August 5 to 10.

Miss Marion Lindeburgh, M. A., Director of the School for Graduate Nurses, McGill University, and convener of the National Committee on Education, was director and lecturer. A study guide, following the lectures, was compiled by Miss Lindeburgh, and was available to all who registered. Miss Lyle Creelman, M.A., R.N., of the Metropolitan Health Committee, and Miss Alison Reid, B.A.Sc., R.N., of the teaching staff of the Vancouver General Hospital, were demonstration organizers. Nursing clinics, prenatal clinics, child welfare clinics, nursing procedure in hospital and home, home visits, and general application of continuous staff education were demonstrated. The attendance was gratifying—194 having registered in Vancouver, and 76 in Victoria. A core committee, representing general nursing, public health, and school of nursing, was appointed at the closing session to formulate plans to organize study groups throughout British Columbia. Miss Lindeburgh, by her inspiration, left a lasting impression on those who attended, all returning to their duties with a new vision and eager to put into practice that which they had learned.

Miss Esther Paulson has been appointed as public health nurse with the Metropolitan Health Board in Vancouver. During the last five years she was engaged in social service on the staff of the Provincial Welfare Field Service, and has done much work in the interior districts.

Married: Recently, Miss Bertha Margaret Lind (Royal Jubilee Hospital, Victoria) to Dr. James Boyd Roberts.

Married: Recently, Miss Margaret Dorothy Burnett (Vancouver General Hospital) to Mr. Frank Crampton.

Married: Recently, Miss Jean Lucille McAskill (Kootenay Lake General Hospital, Nelson) to Mr. Jack McLeod Warren.

Married: Recently, Miss Hazel Margaret Bell (Vancouver General Hospital) to Mr. George James Boulton.

Married: Recently, Miss Alice M. Gilroy (Regina General Hospital) to Mr. R. E. Beacock.

Married: Recently, Miss Doris Mary Bews (Hospital for Sick Children, Toronto) to Mr. James Clifford Spafford.

Married: Recently, Miss Frances Radcliffe (Royal Columbian Hospital, New Westminster) to Mr. Thomas Burke.

Married: Recently, Miss Edith Marjorie Hill-Tout (St. Joseph's Hospital, Victoria) to Mr. Roy Keith Brownell.

Married: Recently, Miss Maxine Anne Markle (St. Paul's Hospital) to Mr. George Chalmers Johnston.

Married: Recently, Miss Wilma Maxwell Struthers (Vancouver General Hospital) to Captain Stephen S. Albulet.

KELOWNA:

Twenty-five hundred persons recently witnessed the official opening of the new Kelowna General Hospital. The spacious lawn in front of the new hospital was crowded with hundreds of spectators from Kelowna and all parts of the Okanagan Valley. Built at a cost of some $140,000, the new 100 bed hospital is considered to be one of the most modern and complete institutions of its kind in Canada. Mr. D. N. Gordon, president of the Hospital Board, gave an impressive opening address. Dr. W. J. Knox of Kelowna, after a few brief remarks, introduced Hon. K. C. MacDonald, Provincial Minister of Agriculture, who turned the gold commemoration key in the lock for the first time. Tribute was paid by Dr. Knox to Mrs. M. E. Wilmot, R. N., superintendent, prior to presenting her with a lovely bouquet of flowers.

Later the guests were entertained by the Board of Directors.

NOVA SCOTIA

NEW GLASGOW:

The graduates of the School of Nursing of the Aberdeen Hospital, who have recently formed an Alumnae Association, held their first annual picnic at the summer home of Mrs. Howard Cantley, president of the Association, Pictou Landing, with forty nurses in attendance.

Miss Mary Crossman, of Chipman, N.B., has been appointed superintendent of nurses at the Aberdeen Hospital in New Glasgow. Miss Crossman is a graduate of the School of Nursing of the Saint John General Hospital at Saint John, N.B., and has taken post-graduate courses in the Eye, Ear, Nose, and Throat Hospital at Boston, Mass., and also at McGill University.

ONTARIO

DISTRICT 1

WINDSOR:

Hôtel-Dieu Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Hôtel Dieu Hospital, Windsor: President, Miss Julia Thomas; first vice-president, Miss Florence Donlon; secretary, Miss Florence Parent; corresponding secretary, Miss Meta Beaton; treasurer, Miss Lillian Arisenault.

DISTRICTS 2 AND 3

BRANTFORD:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Brantford General Hospital: Honorary president, Miss E. McKee; president, Mrs. B. Mizon; vice-president, Miss Olive Perry; secretary, Miss Olga Pickell; assistant secretary, Miss Helen Cuff; treasurer, Mrs. E. Billo; committee conveners: social, Mrs. A. Grierson, Mrs. G. Thompson; flower, Mrs. C. Windrim, Miss N. Yardley, Miss C. Lawton; gift, Miss M. Duncan, Miss H. Muir; representatives to: *The Canadian Nurse* and press, Miss M. Copeland; private duty section, Miss E. Scott; Local Council of Women, Mrs. G. S. Barber.

Miss Gladys Hamilton (B.G.H., 1938), a recent graduate of the School of Nursing, University of Toronto (Preston Scholarship), has accepted the position of director of nursing education in the Homoeopathic Hospital, Montreal. During the past year Miss Hamilton served on the staff of the B.G.H. as supervisor of the surgical department. Miss Mary Brown (B.G.H., 1937) recently completed the course in teaching and administration at the School of Nursing, University of Toronto, and is now in charge of the surgical department of the B.G.H. Miss Irene Feely (B.G.H., 1933) recently completed the course in teaching and administration at the School of Nursing, University of Toronto (Sanderson Scholarship), and has accepted the position of supervisor of the medical division of the B.G.H.

Miss C. E. Jackson, director of nursing education in the B.G.H., attended the biennial meeting of the Canadian Nurses Association in Calgary. Miss Mary Terryberry (B.G.H., 1939) will take the course in teaching and administration at the School of Nursing, University of Toronto (Preston Scholarship) 1940-41. Miss Rae Isaac (B.G.H., 1924) has returned to Brantford from Kong Moon, China, where she has been superintendent of nurses of the Marian Barclay Hospital for the past six years. Miss Lyle Appleton, who was employed as relief supervisor of the medical division, B.G.H., has returned to her home in Yorkton, Sask. Mrs. H. B. Cauvet (née Helen Holbrooke) of Yonkers, N.Y., was a recent visitor at the B.G.H.

An enjoyable party was held recently on the grounds of the B.G.H. in honour of Miss Gladys Hamilton and Miss Lyle Appleton. The guests of honour were presented with a volume by E. Pauline Johnson, the famous Indian poetess.

Married: Recently, Miss Helen L. Robson (B.G.H., 1929) to Mr. W. Sherk.

Married: Recently, Miss Jessie Shannon (Homewood Sanitarium, Guelph, 1936) to Dr. Donald J. Twiss.

DISTRICT 7

BROCKVILLE:

During the first week of June, graduates of the school of nursing of the Brockville General Hospital gathered to celebrate the fiftieth anniversary of the school. There was a very gratifying attendance at the Comstock Memorial Nurses' Residence when the Woman's Auxiliary served afternoon tea. Many class reunions were held in the evening. The following day the Board of Governors entertained the graduates and their friends at tea at Rosedale Inn, Morrisburg, after a scenic drive along the shore of the St. Lawrence River. Many happy acquaintances were renewed with a former superintendent, Miss Alice L. Shannette. The graduation exercises were held in the evening when Rev. Canon H. F. D. Woodcock, of Toronto, addressed the graduating class. Miss E. Claw, of the class of 1895, and Miss M. Nunn, of the class of 1896, presented the hospital emblems.

Visiting nurses were guests of the Alumnae Association for a boat tour of the beautiful Thousand Islands the next afternoon, and to close a very successful reunion, a banquet was held in the evening. Special guests included Senator and Mrs. A. C.

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Hardy, Mr. George T. Fulford, M.P., Mr. W. B. Reynolds, M.P.P., and Mrs. Reynolds (Class of 1908), Mayor and Mrs. Gordon MacOadrum, representatives of the clergy, the Medical staff, and the board of Governors of the hospital. Mrs. H. B. White, president of the Alumnae Association, officiated as chairman for the program following the dinner, speaking of the high standard which has been maintained by the hospital through the years. Among the speakers were Mr. Charles Scace, president of the Board of Governors, Dr. D. B. Code, of the Medical staff, and Mr. W. H. Comstock.

Miss Maude Arnold introduced the principal speaker, Miss Mary Nunn, of Alexandria Bay, New York, a graduate of the class of 1896, who served as a Nursing Sister during the Great War receiving the Royal Red Cross from the late King George V. On arrival in England Miss Nunn was transferred to the Imperial Service, becoming a member of the Q.A.I.M.N.S. She told of experiences in her nursing of wounded German prisoners which at first was very difficult, the nurses feeling so bitter thinking of the treatment reported to have been accorded British prisoners of war in Germany. However, this resentment soon passed as they realized that after all these sick were human beings. The German themselves were reserved, not knowing what to expect. In all cases they were well-behaved and appeared to appreciate the services rendered by the nurses. After a year's service with the Imperial Army, Miss Nunn was transferred to the C.A.M.C. and went to No. 3 General Hospital in France. Keen interest was shown in the address and a fine tribute was paid to the speaker at the close. One may well feel proud of a fellow-graduate with so fine a nursing record as Miss Nunn.

During the evening Miss Margaret Philips, Reg. N., sang very sweetly. The committee in charge of arrangements was composed of Mrs. H. B. White, Miss Helen Corbett and Mrs. M. Derry.

Miss Laura Johnson (B.G.H.) has joined the nursing staff of the Royal Victoria Hospital. Miss Flora Strike (B.G.H.) is on the nursing staff of the Neurological Institute, Royal Victoria Hospital. Miss Anne Pearson (B.G.H.) has accepted a position at the Home for Incurables, Toronto. Miss Hilda Greer (B.G.H.) is working in the York County Hospital, Newmarket, Ont. Mrs. Boyce Kerfoot (B.G.H.) has been doing relief work for the V.O.N. in Brockville.

Married: Recently, Miss Sarah MacCrimmon (B.G.H.) to Mr. Frank Willows.

DISTRICT 9

NORTH BAY:

Supervisors from the Catholic Hospitals of District 9, R.N.A.O., met recently at St. Joseph's Hospital for courses in supervision of nursing service, and guidance programs given by Sister Mary Aniceta, S.S.M., R.N., M.S. of St. Mary's Hospital, St. Louis, Mo., and Sister Mary Henrietta, S.S.M., R.N., M. A. of Desloges Hospital, St Louis.

The nurses of Timmins, Sudbury, and Sault Ste. Marie were privileged to have Miss Edith Dick, assistant inspector of training schools, address them at their chapter meetings recently.

The Health Centre, Callander, was the scene recently of a delightfully arranged affair when Miss Gladys Reed, Red Cross Nurse, entertained the North Bay Chapter, District 9, R.N.A.O.

DISTRICT 10

FORT WILLIAM:

Miss Dorothy Riddell, instructor of nurses at the McKellar Hospital, Fort William, and also convener of the Nurse Education Section, District 10, R.N.A.O., resigned in order to become instructor at the Belleville General Hospital. Miss M. Wallace, assistant superintendent of the McKellar Hospital, Fort William has accepted the position of superintendent of the General Hospital, Lamont, Alberta.

Miss Jessie Young (Toronto General Hospital) has accepted the position as instructor of nurses at the Port Arthur General Hospital, succeeding Miss Grace Giles who has left to continue her studies in Toronto.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Jean Smith (M.G.H., 1923), Miss Marguerite McLeod (M.G.H., 1926), and Miss Helen Brown (M.G.H., 1927) have accepted positions in a hospital sponsored by a large industrial plant at Brownsburg, P. Q.

Miss Peggy Moss (M.G.H., 1935) who went overseas early in the summer is doing nursing in an Emergency War Hospital in London.

Miss Lottie Urquart, military medal, (M. G.H., 1913) who has been in England for sometime, is working in the Canadian Records office in London.

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Married: Recently, Miss Dorothy Cotton (M.G.H., 1937) to Mr. Greville Harrison.

Married: Recently, Miss Naida Cowan (M.G.H., 1937) to Mr. Roger Mills.

Married: Recently, Miss Adelaide Wilson (M.G.H., 1931) to Flying Officer William Herbert Boyd, R.C.A.F.

Married: Recently, Miss Dora Greenwell to Mr. Ronald Liston McKinnon.

Married: Recently, Miss Helen E. Elder (M.G.H., 1931) to Mr. Percy Marsden.

Married: Recently, Miss Hilda Bryson (M.G.H., 1928) to Mr. Douglas Ward Sproule.

SASKATCHEWAN

REGINA:

A number of nurses recently were privileged to hear Miss Marion Lindeburgh speak on the Supplement to a Proposed Curriculum for Schools of Nursing in Canada. Although the meeting had to be arranged at short notice, over a hundred nurses were present, and gave Miss Lindeburgh an enthusiastic welcome upon her return to the province. This meeting was made possible through the generosity of Miss Lindeburgh who was spending a brief holiday in the province. Those who attended the meeting had the opportunity of hearing Miss Lindeburgh summarize the objectives of the Supplement, and guide the way to its further study. Miss Lindeburgh made all present feel that this publication is of greatest interest and concern to all nurses. At the cost of 75 cents each, copies of the Supplement can be obtained through the office of the Saskatchewan Registered Nurses Association.

The S.R.N.A. has undertaken to arrange for voluntary nursing service for the immediate care of evacuee children from Great Britain, who are coming to Canada under government sponsorship. Arrangements are to be carried out in Regina and Saskatoon under the guidance of local committees.

SASKATOON:

Saskatoon City Hospital:

Mrs. Jessie Porteous has returned from taking a post-graduate course at the School for Graduate Nurses, McGill University, and has resumed her duties as senior instructor at the Saskatoon City Hospital.

Miss Claudia Arrand (S.C.H., 1938) is

MEMORANDUM

To: All Nurses serving at home or abroad.

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AMY B. HILTON

Sun Life of Canada, Montreal.

taking a post-graduate course in public health nursing at Toronto, Ontario.

Married: Recently, Miss Ethel Irene Wyatt (S.C.H., 1933) to Mr. Gordon McConnell.

Married: Recently, Miss Jacqueline Wells (S.C.H., 1927) to Mr. Eric Pierie.

Married: Recently, Miss Clara Neal (S.C.H., 1932) to Mr. Gordon Sutherland.

MOOSE JAW:

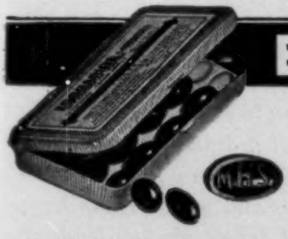
Miss Ada Stanley, who has recently returned from taking post-graduate work at the School for Graduate Nurses, McGill University, has been appointed to a position in the school of nursing at the Moose Jaw General Hospital. Miss Emily Groenewald has resigned from the staff of the Moose Jaw General Hospital, and has returned to Montreal.

YORKTON:

Miss Christina Macdonald has accepted the position of superintendent of nurses at the Yorkton Queen Victoria Hospital. Miss Macdonald is a graduate of the General Hospital, Brandon, and has been on the staff of the Saskatoon City Hospital for a number of years. She succeeds Miss Violet Widdicombe who resigned to be married.

Married: Recently, Miss Marion Violet Widdicombe to Mr. Henry Scott Ellis.

Miss Widdicombe is a graduate of the Yorkton Queen Victoria Hospital, and has held the position of superintendent of nurses there for the past eighteen months.



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All summer long . . . a breath of mountain air fluttered the pages of the Journal . . . and even the cover proudly displayed the snowy summits of the Canadian Rockies . . . Although all this was in the line of business . . . (we were trying to lure you to Calgary) . . . it did set us thinking of the time we climbed Mount Huber in a gallant attempt to qualify for the Alpine Club . . . On the eve of this great adventure . . . we were relieved to find that no seasoned climber took this noble peak at all seriously . . . "Rather a dull climb" . . . they assured us . . "but nice and easy for beginners" . . . Early next morning . . . as soon as we passed the timber line . . . this false optimism evaporated . . . For the first time in our sheltered low-altitude lives . . . we knew how it felt to approach the limit of physical endurance . . . Somehow we kept up with the rest of the party . . . until it was time to rope up at the foot of the glacier leading to the summit . . . Then all sense of shame departed . . . Gasping for breath . . . we sat miserably on a cold sharp rock . . . and begged the guide to leave us in a nice safe crack and pick us up on the way down . . . "Lady, we can't come down this way" . . . . said he with a kindly Swiss twinkle . . . "Just keep going . . . soon you get your second wind" . . . Wearily we got to our feet and stumbled toward the cruel green ice . . . And then suddenly the miracle happened . . . we got our second wind . . . thumping heart and bursting lungs took on their accustomed rhythm . . . Resolutely we set our clumsy feet in the steps cut by the guide . . . slowly we made the traverse and gained the summit . . . Unfortunately we can't tell you about the glorious view . . . because we didn't see it . . . We just lay flat on our back . . . hanging on to a remnant of that precious second wind . . . praying it would not desert us on the way down . . . To our immense relief, it didn't . . . As it got dark we saw the blaze of the camp fire . . . Gathered about it were the elect . . . the true mountaineers . . . But we cherished no illusions . . . Although after a fashion we had made our climb . . . we knew that we could never be one of that glorious company . . . The strange thing was that it didn't seem to matter . . . Someone gave us scalding fragrant tea in a tin cup . . . and we sat there sipping it slowly . . . aching in every limb and yet serenely happy . . . Deep down, we knew that in weariness and defeat we had learned a lesson we should never forget. . . No matter how hard the climb, "just keep going, soon you get your second wind" . . . E.J.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

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